

YOUR COUNTY OF RIVERSIDE BENEFITS

HEALTH CARE PREMIUMS FOR 2024

Rates listed here are full premium rates. Your cost for coverage is the amount remaining after subtracting employer contributions. To calculate your net out-of-pocket cost for health care coverage, remember to subtract all eligible employer contributions (flexible benefit credits and premium subsidy described on pages 4 and 5) based on your applicable Memorandum of Understanding or Ordinance that governs your bargaining unit or employee group.

DENTAL AND VISION PLAN ELIGIBILITY

Eligible for County Dental Plans

All Regular County Employees

Eligible for County Vision Plans

Employees covered by the Management Resolution, Resident Physicians, Pharmacy Residents, DDAA and LEMU bargaining units are eligible for employer-paid VSP plan. Employees covered by the SEIU, LIUNA and RSA Public Safety bargaining units are eligible to purchase coverage through EyeMed Vision Care. See pages 14-15 for vision plan coverage.

COUNTY PLANS – DENTAL*

	Monthly	Semimonthly
Local Advantage – Plus		
Employee	\$32.26	\$16.13
Two-Party	\$61.50	\$30.75
Family	\$91.50	\$45.75
Local Advantage – Blythe		
Employee	\$20.98	\$10.49
Two-Party	\$32.02	\$16.01
Family	\$50.36	\$25.18
DeltaCare USA DHMO – High Option Plan (10A)		
Employee	\$21.62	\$10.81
Two-Party	\$32.98	\$16.49
Family	\$51.86	\$25.93
Delta Dental PPO		
Employee	\$45.00	\$22.50
Two-Party	\$78.00	\$39.00
Family	\$115.00	\$57.50

COUNTY PLANS – VISION*

	Monthly	Semimonthly
EyeMed Vision Plan 1		
Employee	\$8.56	\$4.28
Two-Party	\$12.92	\$6.46
Family	\$17.48	\$8.74
EyeMed Vision Plan 2		
Employee	\$7.22	\$3.61
Two-Party	\$11.50	\$5.75
Family	\$15.88	\$7.94

*Some rates were rounded to the next even number for even semimonthly premium deductions.

MEDICAL PLAN ELIGIBILITY

Eligible for CalPERS Medical Plans

Regular County employees scheduled to work at least 20 hours per week. (Temporary and Per Diem employees, refer to the *TAP & Per Diem Flyer* available at <https://rc-hr.com/benefits/benefits-forms-resources> for details about your medical coverage.)

YOUR COUNTY OF RIVERSIDE BENEFITS

PLAN COSTS FOR 2024*

	Monthly	Semimonthly
CalPERS Medical Plans – Region 2 (Orange and San Diego Counties)		
Anthem Select HMO		
Employee	\$807.72	\$403.86
Two-Party	\$1,615.42	\$807.71
Family	\$2,100.06	\$1,050.03
Anthem Traditional HMO		
Employee	\$1,034.38	\$517.19
Two-Party	\$2,068.76	\$1,034.38
Family	\$2,689.40	\$1,344.70
Blue Shield Access+ HMO and EPO		
Employee	\$869.14	\$434.57
Two-Party	\$1,738.28	\$869.14
Family	\$2,259.76	\$1,129.88
Blue Shield Trio HMO		
Employee	\$810.24	\$405.12
Two-Party	\$1,620.48	\$810.24
Family	\$2,106.62	\$1,053.31
Health Net Salud y Mas HMO		
Employee	\$684.78	\$342.39
Two-Party	\$1,369.54	\$684.77
Family	\$1,780.40	\$890.20
Kaiser Permanente HMO		
Employee	\$904.96	\$452.48
Two-Party	\$1,809.90	\$904.95
Family	\$2,352.88	\$1,176.44
PERS Platinum PPO		
Employee	\$1,151.50	\$575.75
Two-Party	\$2,303.00	\$1,151.50
Family	\$2,993.90	\$1,496.95
PERS Gold PPO		
Employee	\$799.44	\$399.72
Two-Party	\$1,598.88	\$799.44
Family	\$2,078.54	\$1,039.27
PORAC PPO**		
Employee	\$926.00	\$463.00
Two-Party	\$1,863.00	\$931.50
Family	\$2,371.00	\$1,185.50
Sharp HMO		
Employee	\$833.24	\$416.62
Two-Party	\$1,666.48	\$833.24
Family	\$2,166.42	\$1,083.21
UnitedHealthcare Alliance HMO		
Employee	\$837.88	\$418.94
Two-Party	\$1,675.76	\$837.88
Family	\$2,178.50	\$1,089.25
UnitedHealthcare Harmony HMO		
Employee	\$792.66	\$396.33
Two-Party	\$1,585.30	\$792.65
Family	\$2,060.90	\$1,030.45

*Some rates were rounded to the next even number for even semimonthly premium deductions.

**PORAC members only

ABOUT CalPERS AND DUAL COVERAGE

CalPERS does not allow dual coverage between two CalPERS members or their dependents.



YOUR COUNTY OF RIVERSIDE BENEFITS

PLAN COSTS FOR 2024*		
	Monthly	Semimonthly
CalPERS Medical Plans – Region 3 (Los Angeles, Riverside and San Bernardino Counties)		
Anthem Select HMO		
Employee	\$841.14	\$420.57
Two-Party	\$1,682.26	\$841.13
Family	\$2,186.94	\$1,093.47
Anthem Traditional HMO		
Employee	\$1,012.68	\$506.34
Two-Party	\$2,025.34	\$1,012.67
Family	\$2,632.94	\$1,316.47
Blue Shield Access+ HMO		
Employee	\$756.66	\$378.33
Two-Party	\$1,513.30	\$756.65
Family	\$1,967.30	\$983.65
Blue Shield Trio HMO		
Employee	\$704.70	\$352.35
Two-Party	\$1,409.38	\$704.69
Family	\$1,832.20	\$916.10
Health Net Salud y Mas HMO		
Employee	\$630.14	\$315.07
Two-Party	\$1,260.26	\$630.13
Family	\$1,638.34	\$819.17
Kaiser Permanente HMO		
Employee	\$865.42	\$432.71
Two-Party	\$1,730.82	\$865.41
Family	\$2,250.08	\$1,125.04
PERS Platinum PPO		
Employee	\$1,131.48	\$565.74
Two-Party	\$2,262.94	\$1,131.47
Family	\$2,941.82	\$1,470.91
PERS Gold PPO		
Employee	\$785.28	\$392.64
Two-Party	\$1,570.56	\$785.28
Family	\$2,041.74	\$1,020.87
PORAC PPO**		
Employee	\$926.00	\$463.00
Two-Party	\$1,863.00	\$931.50
Family	\$2,371.00	\$1,185.50
UnitedHealthcare Alliance HMO		
Employee	\$826.44	\$413.22
Two-Party	\$1,652.88	\$826.44
Family	\$2,148.74	\$1,074.37
UnitedHealthcare Harmony HMO		
Employee	\$734.76	\$367.38
Two-Party	\$1,469.52	\$734.76
Family	\$1,910.38	\$955.19

*Some rates were rounded to the next even number for even semimonthly premium deductions.

**PORAC members only

PLAN COSTS FOR 2024*		
	Monthly	Semimonthly
CalPERS Medical Plans – Out-of-State Region (Residents Outside of California)		
Kaiser Permanente HMO (Available in CO, DC, GA, HI, MD, OR, VA and WA)		
Employee	\$1,312.46	\$656.23
Two-Party	\$2,624.90	\$1,312.45
Family	\$3,412.38	\$1,706.19
PERS Platinum PPO		
Employee	\$1,146.86	\$573.43
Two-Party	\$2,293.72	\$1,146.86
Family	\$2,981.84	\$1,490.92
PORAC PPO**		
Employee	\$1,056.00	\$528.00
Two-Party	\$2,144.00	\$1,072.00
Family	\$2,540.00	\$1,270.00

ABOUT CalPERS AND DUAL COVERAGE

CalPERS does not allow dual coverage between two CalPERS members or their dependents.

PAYING FOR YOUR COVERAGE

ELECTING SINGLE-PARTY MEDICAL COVERAGE

To help you with the cost of benefits, the County of Riverside provides flexible benefit credits. The flexible benefit credits you receive are determined by the applicable Memorandum of Understanding or Ordinance that governs your bargaining unit or employee group. To be eligible for flexible benefit credits, you must enroll in a County-sponsored medical plan. To see your net out-of-pocket cost for health care coverage (medical, dental, vision), remember to subtract your flex credit shown in the table below from the premiums shown in the tables that follow. Rates are subject to change.

2024 FLEXIBLE BENEFIT CREDITS*		
Employee/Bargaining Unit	Monthly Flex Subsidy	Semimonthly Flex Subsidy
Employees Covered by the LIUNA MOU	Up to \$873.00	Up to \$436.50
Employees in the Resident Physician & Surgeon, Pharmacy Resident and Physician Assistant Fellowship Classifications	Up to \$873.00	Up to \$436.50
Employees Covered by the Management Resolution	Up to \$873.00	Up to \$436.50
Employees Covered by the DDAA MOU	\$873.00	\$436.50
LEMU	Up to \$959.28	Up to \$479.64
RSA Public Safety	Up to \$940.00	Up to \$470.00
Employees Covered by the SEIU MOU	Up to \$873.00	Up to \$436.50

*Flexible benefit credits listed in the above chart are for regular employees working full-time hours electing single-party medical coverage.

ELECTING TWO-PARTY OR FAMILY MEDICAL COVERAGE

To help you with the cost of benefits, the County of Riverside provides flexible benefit credits and a premium subsidy for electing to enroll one or more dependents. The flexible benefit credits you receive and your eligibility for a premium subsidy are determined by the applicable Memorandum of Understanding or Ordinance that governs your bargaining unit or employee group. To be eligible for flexible benefit credits, you must enroll in a County-sponsored medical plan. The total amount the County will contribute to a regular employee who elects medical coverage with one or more dependents is reflected in the table below.

2024 PREMIUM SUBSIDY & FLEXIBLE BENEFIT CREDITS**			
Employee/Bargaining Unit	Monthly Premium Subsidy	Monthly Flex Credit	Total Monthly Employer Contribution
Employees Covered by the LIUNA MOU	\$688.00	Up to \$873.00	Up to \$1,561.00
Employees in the Resident Physician & Surgeon, Pharmacy Resident and Physician Assistant Fellowship Classifications	\$688.00	Up to \$873.00	Up to \$1,561.00
Employees Covered by the Management Resolution	\$688.00	Up to \$873.00	Up to \$1,561.00
Employees Covered by the DDAA MOU	\$688.00	\$873.00	\$1,561.00
LEMU	\$551.72	Up to \$959.28	Up to \$1,511.00
RSA Public Safety	\$571.00	Up to \$940.00	Up to \$1,511.00
Employees Covered by the SEIU MOU	\$688.00	Up to \$873.00	Up to \$1,561.00

**Flexible benefit credits listed in the above chart are for regular employees working full-time hours electing two-party or family medical coverage. To determine your semimonthly employer contribution divide the total by 2.

PAYING FOR YOUR COVERAGE

COUNTY CONTRIBUTION TOWARD THE COST OF COVERAGE

The County helps regular full-time employees pay for coverage by offering flexible benefit credits and a premium subsidy to reduce how much they pay in premiums when electing to enroll one or more dependents. To be eligible for flexible benefit credits and a premium subsidy, employees must enroll in a County-sponsored medical plan.

PRETAX DEDUCTIONS

When you enroll in a County-sponsored medical, dental and/or vision plan, your premiums are automatically collected before taxes are calculated on your earnings. For most employees, pretax deductions are the most cost-effective way to pay for your premiums. (**Note:** Premiums for your registered domestic partner and your non-tax-qualified dependents are collected on an after-tax basis.) A post-tax election for elected health plan premiums is not available.

PAYING FOR COVERAGE

Rates are deducted semimonthly (twice a month), which means deductions are taken from your paycheck for 24 pay periods each calendar year. When you receive a third check in a month (the “free” pay period), it will not include a flexible benefit credit or a deduction for your health plans, unless you owe for uncollected premiums (arrears). To see your net out-of-pocket cost for health care coverage, remember to subtract your flex credit (on page 5) from the premiums shown on the following pages. Rates DO NOT reflect the two-party or family premium subsidy that you may be eligible for as described on page 5. Your bargaining unit or employee group determines which medical plans you may choose. Rates are subject to change.

REMINDER:
Premiums for medical, dental and vision plans are collected a month in advance of the coverage date.

WAIVING COVERAGE

If you already have group medical coverage and are a regular employee working full-time hours, you may be able to waive County coverage and receive a taxable payment each month. See page 30 to determine if you are eligible for the medical waiver program.

2024 MEDICAL WAIVER PROGRAM*		
Employee/Bargaining Unit	Monthly Taxable Cash Payment	Semimonthly Taxable Cash Payment
Employees Covered by the LIUNA MOU — Last date of hire before 11/13/2003	\$425.40	\$212.70
Employees Covered by the LIUNA MOU — Last date of hire on or after 11/13/2003	\$200.00	\$100.00
Employees in the Resident Physician & Surgeon, Pharmacy Resident and Physician Assistant Fellowship Classifications	\$312.50	\$156.25
Employees Covered by the Management Resolution — Last date of hire before 11/13/2003	\$534.00	\$267.00
Employees Covered by the Management Resolution — Last date of hire on or after 11/13/2003	\$200.00	\$100.00
Employees Covered by the DDAA MOU — Last date of hire before 11/4/2010	\$575.40	\$287.70
Employees Covered by the SEIU MOU — Last date of hire before 11/11/2004	\$465.00	\$232.50
Employees Covered by the SEIU MOU — Last date of hire on or after 11/11/2004	\$200.00	\$100.00

*If you are enrolling in the medical waiver program, you must complete a Decline Coverage Acknowledgment Form and provide proof that you are enrolled in other group coverage. This information will be requested after enrollment closes.