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Choose Your 2026
County of Riverside
Retiree Benefit Options

Your Benefits Guide

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Your County of Riverside Benefits

The County of Riverside is committed to supporting our retirees with a comprehensive benefits package. We're proud to offer a range of plans designed to help you stay healthy and secure in retirement.

This guide provides the key information you need to understand your benefit options for 2026. We encourage you to review it carefully and consider what coverage best fits your needs and those of your family.

WHAT YOU NEED TO KNOW FOR 2026

- **Open Enrollment for County dental and vision plans** runs from **September 2-23, 2025**. Any changes you submit during this time will take effect on **January 1, 2026**.
- **Medical plan changes** must be made directly with CalPERS during their Open Enrollment period, **September 15–October 10, 2025**.

  Log into your MyCalPERS account or call **CalPERS at (888) 225-7377** to review your current coverage or make changes for 2026.
- Be sure to review any updates from CalPERS to ensure your plan still meets your needs.

We're here to help you make the most of your benefits. Thank you for being part of the County of Riverside community.



Enrolling in Your Benefits

If you're enrolled in a CalPERS medical plan when you stop working and your retirement date is within 30 days of your separation, your coverage will continue into retirement without a break.

If you don't want your health insurance to continue into retirement, you can cancel coverage by:

- Submitting a Health Benefits Plan Enrollment form (HBD-12) to Human Resources while you are still in active status;
- Declining CalPERS health coverage on your CalPERS retirement application; or
- Writing or calling CalPERS to cancel health coverage if you are in retired status.

If you're waiving medical coverage when you stop working, you may elect to enroll in CalPERS health coverage at retirement by contacting CalPERS within 60 days of your retirement date or at the next Open Enrollment.

If you wait more than 120 days after you separate from County employment to retire with CalPERS, you will not be eligible for health coverage.

If you are enrolling in a County-sponsored dental or vision plan, complete the 2026 ***Retiree Benefit Election Form*** and return it to the County of Riverside Benefits Division. When enrolling in a CalPERS medical plan, complete the *CalPERS HBD-30 Form* and submit your election directly to CalPERS.

Remember to keep a copy for your records. If you are enrolling a spouse, registered domestic partner or dependent children, you will need to enroll your dependent(s) on the form AND provide supporting documentation such as marriage or birth certificate. You must submit your documentation with the *Election Form*.

MAKING YOUR ENROLLMENT DECISIONS

This enrollment guide provides basic information about your County-sponsored benefit options, including resources that you may need to evaluate your options.

Use this guide to learn more about the benefit options available to you. If you have questions, be sure to get them answered before you select benefits and complete your elections.

Forms are available online at ***http://rc-hr.com/retiree*** or from the Benefits Information Line at **(951) 955-4981, Select Option 1**.

IMPORTANT

The CalPERS medical plans are not described in this guide. If you're eligible for CalPERS plans, visit ***www.calpers.ca.gov*** for more information. Resources available online include:

- Health Program Guide
- Health Benefit Summary
- Health Plan Search by ZIP Code
- Evidence of Coverage
- Provider Search

Eligibility for Coverage

RETIREE ELIGIBILITY

To be eligible for enrollment, all of the following conditions must be met:

- You must have been eligible for health coverage on the date of separation from the County of Riverside;
- You must retire within 120 days from the date you separate from employment with the County of Riverside; and
- You must receive a monthly retirement allowance from CalPERS.

An eligible retiree may elect health coverage:

- At the time of separation for retirement;
- Any time after retirement as a result of a qualifying life event; or
- During any future Open Enrollment period.

The surviving dependent of a retiree may also be eligible.

The Public Employees' Medical & Hospital Care Act (PEMHCA) governs the CalPERS Health Program. If there is any discrepancy between this guide and PEMHCA, PEMHCA will govern.

MEDICAL, DENTAL AND VISION COVERAGE

As an eligible retiree, you may enroll yourself and all eligible family members in a health plan within 60 days of your retirement date.

CalPERS medical plans. All retirees who meet the general eligibility criteria may enroll in a medical plan administered directly through CalPERS.

If you are enrolled in a CalPERS health plan, your coverage will continue into retirement if your separation date from employment and retirement date are within 30 days of each other.

County dental plans. All retirees who meet the general eligibility criteria can enroll in the dental plan. Even if you choose not to enroll in the dental plan at the time you retire, you can enroll at any subsequent annual enrollment period.

County vision plan. All retirees who meet the general eligibility criteria can enroll in the vision plan. Even if you choose not to enroll in the vision plan at the time you retire, you can enroll at any subsequent annual enrollment period. Before enrolling in the vision plan, it's a good idea to see what kind of vision benefits your medical plan covers, to avoid duplication of benefits.



DEPENDENT ELIGIBILITY FOR THE COUNTY DENTAL AND VISION PLANS

You may enroll your eligible dependents in your dental and vision coverage. Eligible dependents include your:

- Legal spouse
- Registered domestic partner
- Children under age 26, including:
  - » Natural child
  - » Stepchild
  - » Adopted children (adopted by you or placed with you for adoption before age 18)
  - » Disabled child over age 26 (who, except for age, meets the above eligibility requirements), if he or she is incapable of self-support because of a mental or physical disability that existed before age 26 (and continuously since age 26). The child must be dependent on you or your spouse/registered domestic partner for support and claimed as your dependent for federal income tax purposes. Coverage for a disabled child beyond age 26 is limited. Please be sure to explore your options and the requirements before your enrolled dependent reaches age 26.

REQUIRED PROOF OF ELIGIBILITY

You will need to provide proof of eligibility the first time you request that a dependent be added to your dental or vision plan (and periodically to comply with a benefits audit process). Once you have completed your *Retiree Benefit Election Form,* submit all of the necessary documentation to the County of Riverside Benefits Division. **You must submit the documentation with your enrollment form. Please remember to keep a copy of all documentation for your records.**

LEGAL SPOUSE

A copy of your certificate of marriage and your spouse's Social Security number must be submitted at the time your spouse is enrolled.

DOMESTIC PARTNER

You must provide a copy of the *Declaration of Domestic Partnership* registered with the Secretary of State and your partner's Social Security number.

CHILDREN

For a natural child or stepchild, provide a copy of the child's birth certificate. For an adopted child or a child for whom you have legal custody or guardianship, you must provide a copy of the child's birth certificate *and* a copy of the judgment or decree. You must also provide the child's Social Security number.

DISABLED CHILDREN (AGE 26 OR OVER)

The CalPERS health benefit program has specific rules and requirements regarding coverage for disabled dependents over the age of 26. You must follow these rules and requirements to protect your dependents' eligibility for coverage. Please refer to the *CalPERS Health Program Guide* for guidance, and contact CalPERS if you have questions.

You must submit a copy of your most recent federal income tax return indicating that the child is a qualified tax dependent, provide the child's Social Security number, and complete a *Member Questionnaire* for the *Disabled Dependent Form* and a *Medical Report Form.* These forms must be received within 60 days of your initial enrollment or the child's 26th birthday. The forms must be approved by the insurance carrier upon enrollment and updated upon request.

Your Health Care Options

The County of Riverside offers dental and vision plans to retirees, in addition to the medical plans available through the CalPERS Health Program.

All transactions involving CalPERS medical plans must be submitted directly to CalPERS. You can contact CalPERS at **(888) 225-7377** to inquire about medical coverage for the 2026 plan year.

IMPORTANT

The County of Riverside contracts with the CalPERS health program to provide retirees with access to a variety of PPO, HMO and Medicare medical plan options. CalPERS health program options are described in the *Health Benefit Summary (HBD110)* and *Health Program Guide (HBD120)* available at ***www.calpers.ca.gov***.



Dental Plans

Dental coverage is an important part of your County of Riverside benefits package and is key to your overall health. The County is pleased to offer you a choice of plans, providers and coverage options. Key features and benefits of the plans are listed on the comparison chart on pages 10 and 11.

DELTACARE USA HMO DENTAL PLAN

The dental HMO plan operates similarly to a medical HMO plan. Dental care is provided through a network of private-practice dental offices. DeltaCare USA HMO coverage is available in California, Arizona, Florida, Nevada, New Mexico, Oregon, Texas, Utah and Wyoming.

When you enroll in this plan, you will select a primary care dentist for yourself and each of your dependents. Your dental office will coordinate all of your dental services. To receive benefits, services must be obtained through your chosen dental provider unless the plan has authorized services elsewhere. Once enrolled, you can change your primary dental provider by contacting the plan's Member Services department.

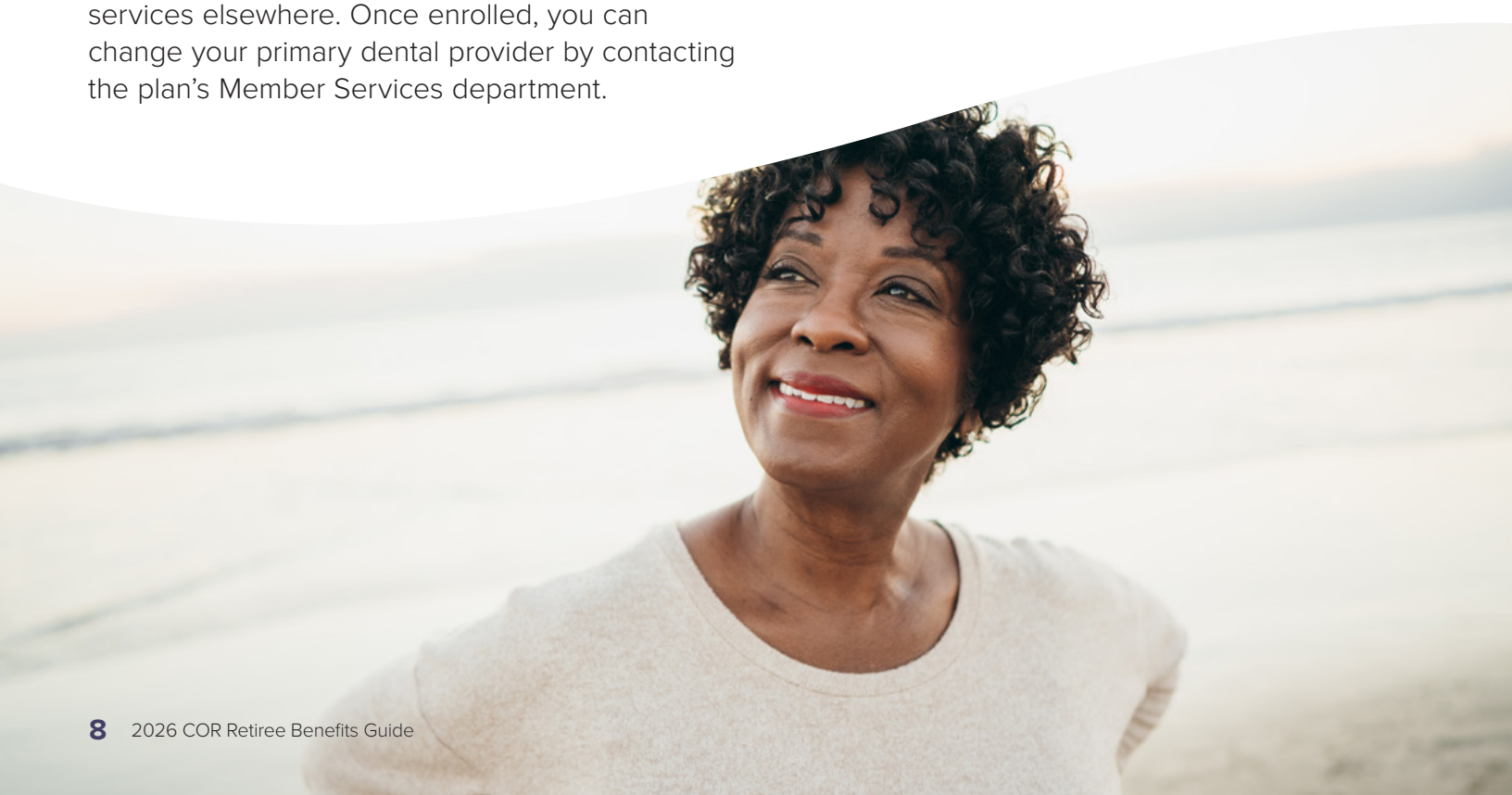
LOCAL ADVANTAGE PLUS EPO DENTAL PLAN

The Local Advantage Plus plan pays a percentage of benefits based on the type of service provided. Your dental care is provided through a network of private-practice dentists and dental groups.

When you enroll in Local Advantage Plus, you and your dependents are free to choose any of the Local Advantage network providers each time you seek dental care. To receive benefits, your dental services must be obtained through your chosen dental provider unless the plan has authorized services elsewhere.

DELTA DENTAL PPO DENTAL PLAN

Under the PPO plan, you are free to go to any licensed dentist you choose—but if you go to a dentist who is a member of Delta Dental's PPO network, you will receive a higher level of benefits and reduce your out-of-pocket costs. Also, there are no claim forms to fill out when you go to a Delta Dental dentist.



Whenever you need dental care, you have three options:

Delta Dental PPO Dentists. This provider option offers the best value for dental care. PPO dentists are a select group of dentists within the Delta Dental network, and they have agreed to charge PPO plan members significantly reduced rates.

Delta Premier Dentists. If you go out of network but see a Delta Premier dentist, your out-of-pocket costs will be higher than if you see a PPO dentist. Delta Premier dentists have reduced their fees and will not bill you above their contracted fees with Delta Dental. If you see a Premier dentist, you will have to pay the difference between the PPO fee and the Premier fee. But Premier dentists cannot charge you more than Delta Dental's contracted fees, so you will receive cost protection.

Out-of-Network Dentists. These dentists do not offer discounted rates to Delta Dental plan members. If you go to a non-Delta Dental dentist, the plan will pay benefits only up to Delta Dental's approved fee. If your non-Delta Dental dentist charges you more than the approved fee, you will have to pay the difference between that cost and the approved fee. You may also have to pay the full cost of the services at the time you receive them, and then submit a claim to Delta Dental to be reimbursed for the covered portion of your bill.

Note: Always request a pretreatment estimate or predetermination of benefits before having major dental work done. Don't be afraid to ask questions! Do not agree to any treatment unless you fully understand what condition is being treated, why it is being treated, and the costs of that treatment. When in doubt, contact your dental plan; you'll find the phone numbers for each plan on the back cover of this guide.

To obtain a list of participating dentists and dental offices, call the plan's Member Services.

IMPORTANT

Please refer to the individual dental summary plan booklets for detailed lists of covered expenses, exclusions and limitations. If there are any discrepancies between these booklets and the official plan documents, the official plan documents will prevail. Dental summary plan booklets are available by contacting the Benefits Information Line at **(951) 955-4981, option 1,** or visiting ***http://rc-hr.com/retiree*.**

PLEASE USE THE FOLLOWING FOOTNOTE REFERENCES WITH THE DENTAL PLANS COMPARISON CHART ON THE NEXT PAGE

1. You will pay any amount charged by your provider that is in excess of Delta Dental's approved fee.
2. You pay the applicable deductible for amalgam (silver) fillings, and the plan pays the remainder up to the allowance for amalgam fillings.
3. The Delta PPO program will pay for an amalgam filling on a molar tooth after you pay the applicable deductible. You will be responsible for the additional costs for precious metals.
4. Applies to standard cases only. Other discounts apply for nonstandard cases.

Under the Delta Dental PPO plan, you'll notice that the Delta Premier dentists are shown in the same category as out-of-network dentists. That's because the plan reserves the highest level of benefits for services received from Delta Dental PPO providers.

COUNTY DENTAL PLANS COMPARISON CHART

This benefit summary only highlights your benefits. It is not a *Summary Plan Description (SPD)*. If any discrepancy exists between this benefit summary and the official plan documents, the official plan documents will prevail.

	DELTACARE USA	LOCAL ADVANTAGE EPO PLUS	DELTA DENTAL PPO (BASIC SERVICES COVERED AT 80-90%)	
	HIGH OPTION PLAN (10A)	IN-NETWORK	DELTA DENTAL PPO DENTISTS	PREMIER DENTISTS OUT-OF-NETWORK DENTISTS
Annual deductible	None	None	None	$50/individual $150/family
Calendar year maximum benefit	None	$1,500/person	$2,000/person	$1,500/person
DIAGNOSTIC AND PREVENTIVE				
Exams	No charge	No charge	No charge	No charge[1]
Cleaning	No charge	No charge	No charge	No charge[1]
Full-mouth X-rays	No charge	No charge	No charge	No charge[1]
Topical fluoride – child	No charge	No charge	No charge	No charge[1]
Sealants (per tooth)	$5	No charge (under age 14)	No charge	No charge[1]
RESTORATIVE				
Fillings – amalgam (silver)	No charge	You pay 10%	You pay 10% of the PPO fee	You pay 50% of the PPO fee after the deductible[1]
Fillings – composite resin (tooth-colored) for anterior (front) teeth	No charge	You pay 10%	You pay 10% of the PPO fee	You pay 50% of the PPO fee after the deductible[1]
Fillings – composite resin (tooth-colored) for posterior (back) teeth	$45–$75	When decay is present, you pay the cost difference between amalgam and resin. For cosmetic purposes to replace an alloy/amalgam filling, you pay 50%[2]	Not covered[3]	Not covered[3]
ENDODONTICS				
Single root canal	$45	You pay 10%	You pay 10% of the PPO fee	You pay 50% of the PPO fee after the deductible[1]
Bicuspid root canal	$90	You pay 10%	You pay 10% of the PPO fee	You pay 50% of the PPO fee after the deductible[1]
Molar root canal	$205	You pay 10%	You pay 10% of the PPO fee	You pay 50% of the PPO fee after the deductible[1]
PERIODONTICS				
Periodontal scaling and root planing – four or more teeth/quadrant	No charge	No charge; covered once every two years	You pay 10% of the PPO fee	You pay 50% of the PPO fee after the deductible[1]

[1,2,3,]*Refer to the box on page 9 for footnote references.*

COUNTY DENTAL PLANS COMPARISON CHART

This benefit summary only highlights your benefits. It is not a *Summary Plan Description (SPD)*. If any discrepancy exists between this benefit summary and the official plan documents, the official plan documents will prevail.

	DELTACARE USA	LOCAL ADVANTAGE EPO PLUS	DELTA DENTAL PPO (BASIC SERVICES COVERED AT 80-90%)	
	HIGH OPTION PLAN (10A)	IN-NETWORK	DELTA DENTAL PPO DENTISTS	PREMIER DENTISTS OUT-OF-NETWORK DENTISTS
CROWNS, BRIDGES AND IMPLANTS				
Crowns	$35–$195	You pay 35%	You pay 40% of the PPO fee	You pay 50% of the PPO fee after the deductible[1]
Bridges	$55–$195	You pay 35%	You pay 40% of the PPO fee	You pay 50% of the PPO fee after the deductible[1]
Implants	Not covered	Not covered	You pay 40% of the PPO fee	You pay 50% of the PPO fee after the deductible[1]
PROSTHODONTICS				
Complete upper denture	$100	You pay 35%	You pay 40% of the PPO fee	You pay 50% of the PPO fee after the deductible[1]
Complete lower denture	$100	You pay 35%	You pay 40% of the PPO fee	You pay 50% of the PPO fee after the deductible[1]
ORAL SURGERY				
Simple extraction	No charge	You pay 10%	You pay 10% of the PPO fee	You pay 50% of the PPO fee after the deductible[1]
Impaction	$25–$90	You pay 10%	You pay 10% of the PPO fee	You pay 50% of the PPO fee after the deductible[1]
COSMETIC				
Veneers	No benefit	You pay 50%	Not covered	Not covered
Teeth whitening	$125	You pay 50%	Not covered	Not covered
Replacement of existing amalgam filling with composite	Not covered	You pay 50%	Not covered	Not covered
ORTHODONTICS				
Child	$1,700	You pay $120 down, $120/month for 24 months[4]	You pay 50% of the PPO fee	You pay 50% of the PPO fee after the deductible[1]
Adult (19 and up)	$1,900		You pay 50% of the PPO fee	You pay 50% of the PPO fee after the deductible[1]
Lifetime maximum benefit	None	None	$2,000/person	$1,500/person

[1,4]*Refer to the box on page 9 for footnote references.*

Vision Plan

To help you maintain good vision, the County of Riverside offers a voluntary vision plan through EyeMed Vision Care. A voluntary plan is one in which you are responsible for the full cost of the premiums. Because the County is able to leverage its size and negotiate on your behalf, the premiums are lower than what you would pay if you purchased vision coverage on your own.

EYEMED VISION CARE (EYEMED)

HOW THE PLAN WORKS

Under this vision plan, you can choose between network and non-network providers—but you will receive a higher level of benefits if you go to a provider in the EyeMed Vision network. EyeMed Vision has the largest network in California, including independent providers and national and regional retailers like LensCrafters, Walmart, Target and Pearle Vision. To find a provider in your area, you can visit EyeMed Vision online at ***www.eyemed.com*** or call **(844) 409-3401**.

When you go to a network provider, the plan pays the total cost of eye exams, as well as lenses and selected frames. Discounts are also available on lens options (such as ultraviolet protection) and laser eye surgery. If you decide to go to a non-network vision care provider, you will have to pay your entire bill at the time you receive services, and then file a claim with EyeMed Vision. You will be reimbursed for your non-network expenses up to the allowances listed in the chart on the next page.

WHAT'S COVERED?

The plan covers eye exams, frames, lenses and contact lenses once every 12 months. The plan does not cover sunglasses (prescription or cosmetic), replacements for lost lenses or frames, or post-cataract lenses. For more information, contact EyeMed Vision (see page 15 for contact information).

To avoid duplication of coverage, please check to see if your medical plan provides vision benefits.

IMPORTANT

EyeMed offers digital ID cards through its app, plus printed ID cards. However, an ID card is not required to use EyeMed benefits.



EYEMED VISION CARE PLAN BENEFITS

Frequency of Services		
Exams	12 months	
Lenses	12 months	
Frames	12 months	
Contacts (elective or medically necessary)	12 months	
Benefit	**Network Provider**	**Non-Network Provider**
Eye exams		
- Exams at PLUS Providers	$0 copay	Plan reimburses up to $40
Frames		
- Any available frame at PLUS Providers	$0 copay; $170 allowance, 20% off balance	Plan reimburses up to $84
- Retail allowance	$0 copay; $120 allowance, 20% off balance	Plan reimburses up to $84
- Wholesale allowance	$0 copay; $84 allowance	Plan reimburses up to $84
Standard plastic lenses		
- Single vision lenses	$0 copay	Plan reimburses up to $30
- Bifocal lenses	$0 copay	Plan reimburses up to $50
- Trifocal lenses	$0 copay	Plan reimburses up to $70
- Standard progressive lenses	$0 copay	Plan reimburses up to $50
- Premium progressive lenses (Tier 1-4)	$85, $95, $110 or $175 copay	Plan reimburses up to $50
Lens options		
- UV treatment	$15 copay	Not covered
- Tint	$15 copay	Not covered
- Standard scratch coating	$15 copay	Not covered
- Polycarbonate (adults)	$40 copay	Not covered
- Polycarbonate (kids<19)	$0 copay	Plan reimburses up to $20
- Standard AR	$45 copay	Plan reimburses up to $23
- Premium AR (Tier 1-3)	$57, $68, $85 copay	Plan reimburses up to $23
- Photochromic	$75 copay	Not covered
- Other	20% off retail price	Not covered
Contact lens fit and follow-up (in lieu of lenses)		
- Standard	Plan pays up to $40	Not covered
- Premium	10% off retail price	Not covered
Contact lenses		
- Conventional	$0 copay; 15% off balance over $105 allowance	Plan reimburses up to $74
- Disposable	$0 copay; $105 allowance	Plan reimburses up to $74
- Medically necessary	$0 copay; paid in full	Plan reimburses up to $300

Cost of Coverage

MONTHLY COUNTY CONTRIBUTIONS FOR RETIREES

When you enroll in a CalPERS medical plan, either when you retire or during a subsequent Annual Enrollment, the County will make a monthly contribution toward your medical plan premiums. The amount of the contribution is based on the bargaining unit you were in at the time of your retirement. This contribution is made under the Public Employees' Medical & Hospital Care Act (PEMHCA). Depending on your retiree group, the County will contribute The PEMHCA minimum monthly contribution, or a higher negotiated amount, if applicable to your group. The exact contribution amount for each retiree group is listed in the chart below.

Bargaining Unit at Retirement	County Contribution
Confidential	$281
DDAA (Prosecution)	$256
Elected Officials	$281
Management	$281
Unrepresented	$281
SEIU and LIUNA	$187
RSA Public Safety and LEMU	The CalPERS Minimum Employer Contribution ($162 for 2026)

IMPORTANT

Refer to the County contributions shown on your personalized enrollment form to determine how much the County will contribute toward your medical coverage.

MONTHLY COSTS FOR DENTAL AND VISION COVERAGE

County Dental Plans	
	2026 Monthly Plan Costs
Local Advantage Plus (EPO)	
Retiree only	*$32.26*
Retiree plus one dependent	*$61.50*
Retiree plus family	*$91.50*
Local Advantage Blythe (EPO)	
Retiree only	*$20.98*
Retiree plus one dependent	*$32.02*
Retiree plus family	*$50.36*
DeltaCare USA DHMO – High Option Plan (10A)*	
Retiree only	*$22.34*
Retiree plus one dependent	*$34.08*
Retiree plus family	*$53.60*
Delta Dental (PPO)	
Retiree only	*$45.00*
Retiree plus one dependent	*$78.00*
Retiree plus family	*$115.00*
County Vision Plan	
EyeMed Vision Care	
Retiree only	*$10.17*
Retiree plus one dependent	*$19.48*
Retiree plus family	*$25.84*

**Rates are pending Riverside County Board of Supervisor approval.*

Contact Information

CONTACT INFORMATION		
Plan	**Telephone**	**Website**
Medical		
CalPERS Health Benefits Services Division Eligibility and Enrollment Section P.O. Box 942714 Sacramento, CA 94229	(888) 225-7377	www.calpers.ca.gov
Dental		
DeltaCare USA (HMO)	(800) 422-4234	www.deltadentalins.com
Delta Dental (PPO)	(888) 335-8227	www.deltadentalins.com
Local Advantage Plus	(800) 331-5301	http://rc-hr.com/retiree
Vision		
EyeMed Vision Care	(844) 409-3401	www.eyemed.com
Other Benefits and County Resources		
County of Riverside Benefits Division Benefits Information Line P.O. Box 1569 Riverside, CA 92502	(951) 955-4981; option 1 TTY: 711 Fax: (951) 955-3490 Mon. – Fri. 8:00 a.m. – 4:30 p.m.	http://rc-hr.com/retiree Email: benefits@rivco.org
Voluntary Employee Beneficiary Association (VEBA)	(844) 342-5505	www.healthinvesthra.com
Nationwide	(800) 545-4730	www.RiversideCountyDC.com
Corebridge	(800) 448-2542	www.corebridgefinancial.com
Medicare Information		
Centers for Medicare & Medicaid Services (CMS)	(800) 633-4227 TTY: (877) 486-2048	www.medicare.gov
Social Security Administration	(800) 772-1213 TTY: (800) 325-0778	www.ssa.gov

PLAN CONFIDENTLY

ENROLL EASILY

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Alternative formats available upon request. Contact the Benefits Information Line at **(951) 955-4981** as soon as possible. It may take up to two weeks to fulfill your request.

This guide gives you an overview of your benefits, including eligibility, plan options, rates, how to enroll and other important information. More detailed information is available in the official plan documents.

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