

INYO COUNTY BENEFIT AND COST RATES 2017
CORRECTIONAL OFFICERS ASSOCIATION (ICCOA)

HEALTH INSURANCE – MEDICAL

PORAC (PPO 90/10 Plan)

Employee Only

Monthly Premium

\$699.00/mo.

County portion (80%)

\$559.20/mo.

Employee portion (20%)

\$64.52/payroll

Employee + One Dependent

Monthly Premium

\$1467.00/mo.

County portion (80%)

\$1173.60/mo.

Employee portion (20%)

\$135.42/payroll

Employee + Family Coverage

Monthly Premium

\$1876.00/mo.

County portion (80%)

\$1500.80/mo.

Employee portion (20%)

\$173.17/payroll

PERS SELECT (PPO 80/20 Plan)

Employee Only

Monthly Premium

\$633.46/mo.

County portion (80%)

\$506.07/mo.

Employee portion (20%)

\$58.47/payroll

Employee + One Dependent

Monthly Premium

\$1266.92/mo.

County portion (80%)

\$1013.54/mo.

Employee portion (20%)

\$116.95/payroll

Employee + Family Coverage

Monthly Premium

\$1647.00/mo.

County portion (80%)

\$1317.60/mo.

Employee portion (20%)

\$152.03/payroll

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PERS CHOICE (PPO 80/20 Plan)

Employee Only

Monthly Premium

\$714.43/mo.

County portion (80%)

\$571.54/mo.

Employee portion (20%)

\$65.95/payroll

Employee + One Dependent

Monthly Premium

\$1428.86/mo.

County portion (80%)

\$1143.09/mo.

Employee portion (20%)

\$131.89/payroll

Employee + Family Coverage

Monthly Premium

\$1857.52/mo.

County portion (80%)

\$1486.02/mo.

Employee portion (20%)

\$171.46/payroll

PERS CARE (PPO 90/10 Plan)

Employee Only

Monthly Premium

\$802.24/mo.

County portion (up to 80% of Choice Rate)

\$571.54/mo.

Employee portion (20% + Balance)

\$106.48/payroll

Employee + One Dependent

Monthly Premium

\$1604.48/mo.

County portion (up to 80% of Choice Rate)

\$1143.09/mo.

Employee portion (20% + Balance)

\$212.95/payroll

Employee + Family Coverage

Monthly Premium

\$2085.82/mo.

County portion (up to 80% of Choice Rate)

\$1486.02/mo.

Employee portion (20% + Balance)

\$276.83/payroll

County will pay \$92.31-employee only, \$184.62-employee + one or \$276.93-family per payroll to each employee who has other medical coverage and has opted out of the County's medical plan.

County reimburses 50% of each deductible met for employee and dependent coverage enrolled in PPO plans.

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LIFE INSURANCE **\$4.16/mo.**
County pays for \$20,000 of term life insurance on employee only.

DENTAL INSURANCE-Delta Dental **\$35.00/mo.**
County pays 100% for employee and dependents.

VISION INSURANCE-Vision Service Plan **\$5.00/mo.**
County pays 100% for employee and dependents.

SHORT-TERM DISABILITY
County pays for employee (to a maximum of the current State of CA rate).

PUBLIC EMPLOYEES RETIREMENT SYSTEM (CALPERS)
Classic Employees (existing CalPers member) 2% at 55 – Inyo County pays the employee contribution rate of 7% of base salary toward retirement.
PEPRA Employees (new CalPers members hired after January 1, 2013) 2% at 62. Employees will be required to pay 6.5% of base salary toward retirement.

VACATION
10 days after 1 year of continuous service;
15 days after 3 years of continuous service;
additional 1 day per year after 10 years, to a maximum of 25 days per year.
May accrue up to a maximum of 35 days.

SICK LEAVE
15 days per year (accrues) – No max

FLEX DAYS
5 days per fiscal year (does not accrue)

HOLIDAYS
11 days per year

UNIFORM ALLOWANCE
Paid Quarterly @ \$250.00 = \$1000/yr.

LONGEVITY PAY
2% after 10 years of service
Additional 2% (=4%) after 15 years of service
Additional 2% (=6%) after 20 years of service
Additional 2% (=8%) after 25 years of service

OPTIONAL PLANS
Deferred Compensation Plans
Credit Unions
Additional Life Insurance
Educational Allowance -\$350/yr.
Flex Benefit 125 Program