

INYO COUNTY BENEFIT AND COST RATES 2018
CORRECTIONAL OFFICERS ASSOCIATION (ICCOA)

HEALTH INSURANCE – MEDICAL

PORAC (PPO 90/10 Plan)

Employee Only

Monthly Premium

County portion (80%)
Employee portion (20%)

\$734.00/mo.
\$587.20/mo.
\$67.75/payroll

Employee + One Dependent

Monthly Premium

County portion (80%)
Employee portion (20%)

\$1540.00/mo.
\$1232.00/mo.
\$142.15/payroll

Employee + Family Coverage

Monthly Premium

County portion (80%)
Employee portion (20%)

\$1970.00/mo.
\$1576.00/mo.
\$181.85/payroll

PERS SELECT (PPO 80/20 Plan)

Employee Only

Monthly Premium

County portion (80%)
Employee portion (20%)

\$654.74/mo.
\$523.79/mo.
\$60.44/payroll

Employee + One Dependent

Monthly Premium

County portion (80%)
Employee portion (20%)

\$1309.48/mo.
\$1047.58/mo.
\$120.88/payroll

Employee + Family Coverage

Monthly Premium

County portion (80%)
Employee portion (20%)

\$1702.32/mo.
\$1361.86/mo.
\$157.14/payroll

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PERS CHOICE (PPO 80/20 Plan)

Employee Only

Monthly Premium

County portion (80%)	\$698.96/mo. \$559.17/mo.
Employee portion (20%)	\$64.52/payroll

Employee + One Dependent

Monthly Premium

County portion (80%)	\$1397.92/mo. \$1118.34/mo.
Employee portion (20%)	\$129.04/payroll

Employee + Family Coverage

Monthly Premium

County portion (80%)	\$1817.30/mo. \$1453.84/mo.
Employee portion (20%)	\$167.75/payroll

PERS CARE (PPO 90/10 Plan)

Employee Only

Monthly Premium

County portion (up to 80% of Choice Rate)	\$733.50/mo. \$559.17/mo.
Employee portion (20% + Balance)	\$80.46/payroll

Employee + One Dependent

Monthly Premium

County portion (up to 80% of Choice Rate)	\$1467.00/mo. \$1118.34/mo.
Employee portion (20%+ Balance)	\$160.92/payroll

Employee + Family Coverage

Monthly Premium

County portion (up to 80% of Choice Rate)	\$1907.10/mo. \$1453.84/mo.
Employee portion (20% + Balance)	\$209.20/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

\$45.00/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