

INYO COUNTY BENEFIT AND COST RATES 2016
CORRECTIONAL OFFICERS ASSOCIATION (ICCOA)

HEALTH INSURANCE – MEDICAL

PORAC (PPO 90/10 Plan)

Employee Only

Monthly Premium

County portion (80%)

Employee portion (20%)

\$699.00/mo.

\$559.20/mo.

\$64.52/payroll

Employee + One Dependent

Monthly Premium

County portion (80%)

Employee portion (20%)

\$1399.00/mo.

\$1119.20/mo.

\$129.14/payroll

Employee + Family Coverage

Monthly Premium

County portion (80%)

Employee portion (20%)

\$1789.00/mo.

\$1431.20/mo.

\$165.14/payroll

PERS SELECT (PPO 80/20 Plan)

Employee Only

Monthly Premium

County portion (80%)

Employee portion (20%)

\$625.20/mo.

\$500.16/mo.

\$57.71/payroll

Employee + One Dependent

Monthly Premium

County portion (80%)

Employee portion (20%)

\$1250.40/mo.

\$1000.32/mo.

\$115.42/payroll

Employee + Family Coverage

Monthly Premium

County portion (80%)

Employee portion (20%)

\$1625.52/mo.

\$1300.42/mo.

\$150.05/payroll

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PERS CHOICE (PPO 80/20 Plan)

Employee Only

Monthly Premium

\$683.71/mo.

County portion (80%)

\$546.97/mo.

Employee portion (20%)

\$63.11/payroll

Employee + One Dependent

Monthly Premium

\$1367.42/mo.

County portion (80%)

\$1093.94/mo.

Employee portion (20%)

\$126.22/payroll

Employee + Family Coverage

Monthly Premium

\$1777.65/mo.

County portion (80%)

\$1422.12/mo.

Employee portion (20%)

\$164.09/payroll

PERS CARE (PPO 90/10 Plan)

Employee Only

Monthly Premium

\$761.50/mo.

County portion (up to 80% of Choice Rate)

\$546.97/mo.

Employee portion (20%)

\$99.01/payroll

Employee + One Dependent

Monthly Premium

\$1523.00/mo.

County portion (up to 80% of Choice Rate)

\$1093.94/mo.

Employee portion (20%)

\$198.03/payroll

Employee + Family Coverage

Monthly Premium

\$1979.90/mo.

County portion (up to 80% of Choice Rate)

\$1422.12/mo.

Employee portion (20%)

\$257.44/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 (1% of gross pay 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