

**INYO COUNTY BENEFIT AND COST RATES 2016**  
**INYO COUNTY EMPLOYEES ASSOCIATION (ICEA)**

**HEALTH INSURANCE – MEDICAL**

**PERS SELECT (PPO 80/20 Plan)**

**Employee Only**

**Monthly Premium**

**\$625.20/mo.**

County portion (80%)

\$500.16/mo.

Employee portion (20%)

\$57.71/payroll

**Employee + One Dependent**

**Monthly Premium**

**\$1250.40/mo.**

County portion (80%)

\$1000.32/mo.

Employee portion (20%)

\$115.42/payroll

**Employee + Family Coverage**

**Monthly Premium**

**\$1625.52/mo.**

County portion (80%)

\$1300.42/mo.

Employee portion (20%)

\$150.05/payroll

**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

**INYO COUNTY BENEFIT AND COST RATES 2016**  
**INYO COUNTY EMPLOYEES ASSOCIATION (ICEA)**

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

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.

**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).

**INYO COUNTY BENEFIT AND COST RATES 2016**  
**INYO COUNTY EMPLOYEES ASSOCIATION (ICEA)**

**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 limit

**HOLIDAYS**

11 days per year

**FLEX DAYS**

5 days per fiscal year (does not accrue)

**SAFETY SHOES**

Designated positions - \$150/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