

**INYO COUNTY BENEFIT AND COST RATES 2018**  
**PROBATION PEACE OFFICER'S ASSOCIATION BPAR (ICPPOA)**

**HEALTH INSURANCE – MEDICAL**

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

**Employee Only**

**Monthly Premium**

**\$654.74/mo.**

County portion (80%)

\$523.79/mo.

Employee portion (20%)

\$60.44/payroll

**Employee + One Dependent**

**Monthly Premium**

**\$1309.48/mo.**

County portion (80%)

\$523.79/mo.

Employee portion (20%)

\$362.63/payroll

**Employee + Family Coverage**

**Monthly Premium**

**\$1702.32/mo.**

County portion (80%)

\$523.79/mo.

Employee portion (20%)

\$543.94/payroll

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

**Employee Only**

**Monthly Premium**

**\$698.96/mo.**

County portion (80%)

\$559.17/mo.

Employee portion (20%)

\$64.52/payroll

**Employee + One Dependent**

**Monthly Premium**

**\$1397.92/mo.**

County portion (80%)

\$559.71/mo.

Employee portion (20%)

\$387.12/payroll

**Employee + Family Coverage**

**Monthly Premium**

**\$1817.30/mo.**

County portion (80%)

\$559.17/mo.

Employee portion (20%)

\$580.68/payroll

**INYO COUNTY BENEFIT AND COST RATES 2018**  
**PROBATION PEACE OFFICER'S ASSOCIATION BPAR (ICPPOA)**

**PERS CARE (PPO 90/10 Plan)**

**Employee Only**

**Monthly Premium**

**\$733.50/mo.**

County portion (80% of Choice Employee Only Rate)

\$559.17/mo.

Employee portion (20% + Balance)

\$80.46/payroll

**Employee + One Dependent**

**Monthly Premium**

**\$1467.00/mo.**

County portion (80% of Choice Employee Only Rate)

\$559.17/mo.

Employee portion (20% + Balance)

\$419.00/payroll

**Employee + Family Coverage**

**Monthly Premium**

**\$1907.10/mo.**

County portion (80% of Choice Employee Only Rate)

\$559.17/mo.

Employee portion (20% + Balance)

\$622.12/payroll

County shall pay 80% of employee only health benefits.

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

**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).

**VACATION/SICK LEAVE**

Employees shall receive prorated vacation and sick leave.

**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

**FLEX DAYS**

20 hours per fiscal year (does not accrue)

**HOLIDAYS**

11 days per year (4 hrs/holiday)

**CLOTHING ALLOWANCE**

Paid \$100 twice a year first payroll in January and last payroll in July.