

INYO COUNTY BENEFIT AND COST RATES 2018
LAW ENFORCEMENT ADMINISTRATOR'S ASSOCIATION (LEAA)

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

Employee + One Dependent

Monthly Premium

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

Employee + Family Coverage

Monthly Premium

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

PERS CARE (PPO 90/10 Plan)

Employee Only

Monthly Premium

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

Employee + One Dependent

Monthly Premium

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

Employee + Family Coverage

Monthly Premium

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

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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. Option of 2 pairs of lenses (second – safety)

LONG-TERM DISABILITY **\$22.60/mo.**

County pays for 100% of long-term disability benefit.

SHORT-TERM DISABILITY

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

STAND BY/CALL OUT

County agrees to pay \$100 per day for Saturday and Sunday and any County recognized holiday.

PUBLIC EMPLOYEES RETIREMENT SYSTEM (CALPERS)

Classic Employees (existing CalPers member) 3% at 50 – Inyo County pays the employee contribution rate of 9% of base salary toward retirement.

PEPRA Employees (new CalPers members hired after January 1, 2013) 2.7% at 57. Employees will be required to pay 11.5% of base salary toward retirement.

401(a) PLAN (Defined Contribution Plan)

County contributes \$30 per month for all Safety employees.

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 maximum of 35 days.

SICK LEAVE

15 days per year (accrues) No max limit

HOLIDAYS

14 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

Flex Benefit 125 Program

Educational Allowance -\$350/yr.