

**INYO COUNTY BENEFITS AND COSTS 2024**  
**BPAR ICEA EMPLOYEES**

**HEALTH INSURANCE - MEDICAL**

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

**Employee Only**

**Monthly Premium**

County portion (80%)

Employee portion (20%)

**\$799.44/mo.**

\$639.55/mo.

\$73.79/payroll

**Employee + One Dependent**

**Monthly Premium**

County portion (80% of Gold Employee Only Rate)

Employee portion (20% + Balance)

**\$1598.88/mo.**

\$639.55/mo.

\$442.77/payroll

**Employee + Family Coverage**

**Monthly Premium**

County portion (80% of Gold Employee Only Rate)

Employee portion (20% + Balance)

**\$2078.54/mo.**

\$639.55/mo.

\$664.15/payroll

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

**Employee Only**

**Monthly Premium**

County portion (80%)

Employee portion (20%)

**\$1151.50/mo.**

\$921.20/mo.

\$106.29/payroll

**Employee + One Dependent**

**Monthly Premium**

County portion (80% of Platinum Employee Only Rate)

Employee portion (20% + Balance)

**\$2303.00/mo.**

\$921.20/mo.

\$637.75/payroll

**Employee + Family Coverage**

**Monthly Premium**

County portion (80% of Platinum Employee Only Rate)

Employee portion (20% + Balance)

**\$2993.90/mo.**

\$921.20/mo.

\$956.63/payroll

**INYO COUNTY BENEFITS AND COSTS 2024**  
**BPAP ICEA EMPLOYEES**

**BLUE SHIELD EPO**

**Employee Only**

**Monthly Premium**

**\$869.14/mo.**

County portion (80%)

\$695.31/mo.

Employee portion (20%)

\$80.23/payroll

**Employee + One Dependent**

**Monthly Premium**

**\$1738.28/mo.**

County portion (80% of Blue Shield Employee Only Rate)

\$695.31/mo.

Employee portion (20% + Balance)

\$481.37/payroll

**Employee + Family Coverage**

**Monthly Premium**

**\$2259.76/mo.**

County portion (80% of Blue Shield Employee Only Rate)

\$695.31/mo.

Employee portion (20% + Balance)

\$722.05/payroll

County shall pay 80% of employee only premium (PERS plans) for health benefits.

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

**DENTAL INSURANCE-Delta Dental**

**\$50.00/mo.**

Employees may opt into dental for employee and dependents at their own expense.

**VISION INSURANCE- Vision Service Plan**

**\$12.00/mo.**

Employees may opt into vision for employee and dependents at their own expense.

**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.

**FLEX DAYS**

20 hours per fiscal year (does not accrue)

**HOLIDAYS**

11 days per year (4 hrs/holiday)

**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