

INYO COUNTY BENEFIT AND COST RATES JULY 2024
CORRECTIONAL OFFICERS ASSOCIATION (ICCOA)

HEALTH INSURANCE – MEDICAL

PORAC (PPO 80/20 Plan)

Employee Only

Monthly Premium

\$926.00/mo.

County portion (80%)

\$740.80/mo.

Employee portion (20%)

\$85.48/payroll

Employee + One Dependent

Monthly Premium

\$1863.00/mo.

County portion (80%)

\$1490.40/mo.

Employee portion (20%)

\$171.97/payroll

Employee + Family Coverage

Monthly Premium

\$2371.00/mo.

County portion (80%)

\$1896.80/mo.

Employee portion (20%)

\$218.86/payroll

PERS GOLD (PPO 80/20 Plan)

Employee Only

Monthly Premium

\$799.44/mo.

County portion (100%)

\$639.55/mo.

Employee portion

\$73.79/payroll

Employee + One Dependent

Monthly Premium

\$1598.88/mo.

County portion (100%)

\$1279.10/mo.

Employee portion

\$147.59/payroll

Employee + Family Coverage

Monthly Premium

\$2078.54/mo.

County portion (100%)

\$1662.83/mo.

Employee portion

\$191.87/payroll

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PERS PLATINUM (PPO 90/10 Plan)

Employee Only

Monthly Premium

\$1151.50/mo.

County portion (80%)

\$921.20/mo.

Employee portion (20%)

\$106.29/payroll

Employee + One Dependent

Monthly Premium

\$2303.00./mo.

County portion (80%)

\$1842.40/mo.

Employee portion (20%)

\$212.58/payroll

Employee + Family Coverage

Monthly Premium

\$2993.90/mo.

County portion (80%)

\$2395.12/mo.

Employee portion (20%)

\$276.36/payroll

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%)

\$1390.62/mo.

Employee portion (20%)

\$160.46/payroll

Employee + Family Coverage

Monthly Premium

\$2259.76/mo.

County portion (80%)

\$1807.81/mo.

Employee portion (20%)

\$208.59/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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DENTAL INSURANCE-Delta Dental

County pays 100% for employee and dependents.

VISION INSURANCE-Vision Service Plan

County pays 100% for employee and dependents.

LIFE INSURANCE

County pays for \$20,000 of term life insurance on employee only.

SHORT-TERM DISABILITY

County pays for employee (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 the full employee portion 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

6.25% of base pay per pay period

UNIFORM ALLOWANCE

\$1000 per year

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