

INYO COUNTY BENEFITS AND COSTS JULY 2024
BPAR ICEA EMPLOYEES

HEALTH INSURANCE - MEDICAL

PERS GOLD (PPO 80/20 Plan)

Employee Only

Monthly Premium

County portion (80%)	\$799.44/mo.
Employee portion (20%)	\$639.55/mo.
	\$73.79/payroll

Employee + One Dependent

Monthly Premium

County portion (80% of Gold Employee Only Rate)	\$1598.88/mo.
Employee portion (20% + Balance)	\$639.55/mo.
	\$442.77/payroll

Employee + Family Coverage

Monthly Premium

County portion (80% of Gold Employee Only Rate)	\$2078.54/mo.
Employee portion (20% + Balance)	\$639.55/mo.
	\$664.15/payroll

PERS PLATINUM (PPO 90/10 Plan)

Employee Only

Monthly Premium

County portion (80%)	\$1151.50/mo.
Employee portion (20%)	\$921.20/mo.
	\$106.29/payroll

Employee + One Dependent

Monthly Premium

County portion (80% of Platinum Employee Only Rate)	\$2303.00/mo.
Employee portion (20% + Balance)	\$921.20/mo.
	\$637.75/payroll

Employee + Family Coverage

Monthly Premium

County portion (80% of Platinum Employee Only Rate)	\$2993.90/mo.
Employee portion (20% + Balance)	\$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

\$15.00/mo.

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

VISION INSURANCE- Vision Service Plan

\$00.00/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