

INYO COUNTY BENEFIT AND COST RATES 2024
DEPUTY SHERIFF'S ASSOCIATION (DSA)

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

County portion (80%)

Employee portion (20%)

\$1151.50/mo.

\$921.20/mo.

\$106.29/payroll

Employee + One Dependent

Monthly Premium

County portion (80%)

Employee portion (20%)

\$2303.00./mo.

\$1842.40/mo.

\$212.58/payroll

Employee + Family Coverage

Monthly Premium

County portion (80%)

Employee portion (20%)

\$2993.90/mo.

\$2395.12/mo.

\$276.36/payroll

BLUE SHIELD EPO

Employee Only

Monthly Premium

County portion (80%)

Employee portion (20%)

\$869.14/mo.

\$695.31/mo.

\$80.23/payroll

Employee + One Dependent

Monthly Premium

County portion (80%)

Employee portion (20%)

\$1738.28/mo.

\$1390.62/mo.

\$160.46/payroll

Employee + Family Coverage

Monthly Premium

County portion (80%)

Employee portion (20%)

\$2259.76/mo.

\$1807.81/mo.

\$208.59/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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DENTAL INSURANCE- Delta Dental **\$50.00/mo.**
County pays 100% for employee and dependents.

VISION INSURANCE-Vision Service Plan **\$12.00/mo.**
County pays 100% for employee and dependents.
Option of 2 pairs of lenses (second – safety).

LIFE INSURANCE **\$4.04/mo.**
County pays for \$20,000 of term life insurance on employee only.

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).

PUBLIC EMPLOYEES RETIREMENT SYSTEM (CalPERS)
Classic Employees (existing CalPERS member) 3% at 50 – Inyo County pays employee contribution rate of 4.5% , and members pay 4.5% 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 the full employee portion toward retirement.

401(a) PLAN (Defined Contribution Plan)
County contributes \$30 per month for all Safety employees.

LONGEVITY PAY
At the completion of six years of service on the anniversary date of the Member, Member will receive a one (1) percent increase to the base salary and will receive a one-half (1/2) increase every year thereafter until the employee reaches a total of eight (8) percent and 20 years of service.

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WELLNESS – GYM MEMBERSHIP OR EQUIPMENT

The County will reimburse employees up to a maximum of \$500 per fiscal year for gym equipment or Gym/fitness memberships.

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

8.5% of base pay per pay period

UNIFORM ALLOWANCE

\$2000 per year

OPTIONAL PLANS

Deferred Compensation Plans

Additional Life Insurance

Credit Unions

Flex Benefit 125 Program