

INYO COUNTY BENEFIT AND COST RATES 2017
INYO COURT EMPLOYEE'S ASSOCIATION (CTEA)

HEALTH INSURANCE – MEDICAL

PERS SELECT (PPO 80/20 Plan)

Employee Only

Monthly Premium

\$633.46/mo.

County portion (90%)

\$570.11/mo.

Employee portion (10%)

\$29.24/payroll

Employee + One Dependent

Monthly Premium

\$1266.92/mo.

County portion (90%)

\$1140.23/mo.

Employee portion (10%)

\$58.47/payroll

Employee + Family Coverage

Monthly Premium

\$1647.00/mo.

County portion (90%)

\$1482.30/mo.

Employee portion (10%)

\$76.02/payroll

PERS CHOICE (PPO 80/20 Plan)

Employee Only

Monthly Premium

\$714.43/mo.

County portion (90%)

\$642.99/mo.

Employee portion (10%)

\$32.97/payroll

Employee + One Dependent

Monthly Premium

\$1428.86/mo.

County portion (90%)

\$1285.97/mo.

Employee portion (10%)

\$65.95/payroll

Employee + Family Coverage

Monthly Premium

\$1857.52/mo.

County portion (90%)

\$1671.77/mo.

Employee portion (10%)

\$85.73/payroll

INYO COUNTY BENEFIT AND COST RATES 2017
INYO COURT EMPLOYEE'S ASSOCIATION (CTEA)

PERS CARE (PPO 90/10 Plan)

Employee Only

Monthly Premium

| | |
|------------------------|-----------------|
| County portion (90%) | \$802.24/mo. |
| Employee portion (10%) | \$722.02/mo. |
| | \$37.03/payroll |

Employee + One Dependent

Monthly Premium

| | |
|------------------------|-----------------|
| County portion (90%) | \$1604.48/mo. |
| Employee portion (10%) | \$1444.03/mo. |
| | \$74.05/payroll |

Employee + Family Coverage

Monthly Premium

| | |
|------------------------|-----------------|
| County portion (90%) | \$2085.82/mo. |
| Employee portion (10%) | \$1877.24/mo. |
| | \$96.27/payroll |

NEW HIRE AFTER 1/1/17

Employee Only

Monthly Premium

| | |
|---|-----------------|
| County portion (up to 90% of Choice Rate) | \$802.24/mo. |
| Employee portion (10%) | \$642.99/mo. |
| | \$73.50/payroll |

Employee + One Dependent

Monthly Premium

| | |
|---|------------------|
| County portion (up to 90% of Choice Rate) | \$1604.48/mo. |
| Employee portion (10%) | \$1285.97/mo. |
| | \$147.00/payroll |

Employee + Family Coverage

Monthly Premium

| | |
|---|------------------|
| County portion (up to 90% of Choice Rate) | \$2085.82/mo. |
| Employee portion (10%) | \$1671.77/mo. |
| | \$191.10/payroll |

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

County will pay \$200-employee only, \$300-employee + one or \$400-family per payroll to each employee who has other medical coverage and has opted out of the County's medical plan.

INYO COUNTY BENEFIT AND COST RATES 2017
INYO COURT EMPLOYEE'S ASSOCIATION (CTEA)

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.

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. Effective 1st full pay period of July 2014, employees shall contribute through payroll deduction, three percent (3%) of the employee contribution on wages subject to PERS contributions. Effective 1st full pay period of July 2015, employees shall contribute, through payroll deduction, an additional two percent (2%) of the employee contribution on wages subject to PERS contributions for a total contribution of five percent (5%). Effective 1st full pay period of July 2016, employees shall contribute, through payroll deduction, an additional two percent (2%) of the employee contribution on wages subject to PERS contributions for a total contribution of seven percent (7%).

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.

FLEX DAYS

5 days per fiscal year (does not accrue)

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

SICK LEAVE

15 days per year (accrued) – No max

HOLIDAYS

11 days per year

OPTIONAL PLANS

Deferred Compensation Plans
Credit Unions
Additional Life Insurance
Educational Allowance -\$350/yr.
Flex Benefit 125 Program