

INYO COUNTY BENEFITS AND COSTS 2012  
CORRECTIONAL OFFICERS EMPLOYEES ASSOCIATION (ICCOEA)

HEALTH INSURANCE – MEDICAL

PERS Choice (PPO 80/20 Plan)

Employee Only

<b>Monthly Premium</b>	<b>\$526.19/mo.</b>
County portion	\$472.83/mo.
Employee portion	\$53.36/mo.

Employee + One Dependent

<b>Monthly Premium</b>	<b>\$1052.38/mo.</b>
County portion	\$945.66/mo.
Employee portion	\$106.72/mo.

Employee + Family Coverage

<b>Monthly Premium</b>	<b>\$1368.09/mo.</b>
County portion	\$1229.36/mo.
Employee portion	\$138.73/mo.

PORAC (PPO 90/10 Plan) AVAILABLE WHEN RESOLUTION IN PLACE

Employee Only

<b>Monthly Premium</b>	<b>\$556.00/mo.</b>
County portion	\$484.00/mo.
Employee portion	\$72.00/mo.

Employee + One Dependent

<b>Monthly Premium</b>	<b>\$1041.00/mo.</b>
County portion	\$906.00/mo.
Employee portion	\$135.00/mo.

Employee + Family Coverage

<b>Monthly Premium</b>	<b>\$1323.00/mo.</b>
County portion	\$1151.00/mo.
Employee portion	\$172.00/mo.

County will pay \$200, \$400 or \$600 per month 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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**CORRECTIONAL OFFICERS EMPLOYEES ASSOCIATION (ICCOEA)**

**LIFE INSURANCE**

**\$7.40/mo.**

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

**DENTAL INSURANCE-Delta Dental**

**\$70.00/mo.**

County pays 100% for employee and dependents.

**VISION INSURANCE-Vision Service Plan**

**\$13.00/mo.**

County pays 100% for employee and dependents.

**SHORT-TERM DISABILITY**

County pays for employee (1% of gross pay to a maximum of the current State of CA rate).

**PUBLIC EMPLOYEES RETIREMENT SYSTEM (CALPERS)**

County pays for employee (7% of gross pay) less Social Security adjustment. Employer-paid Member Contribution (EPMC) reported as wages.

**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**

11 days per year

**UNIFORM ALLOWANCE**

Paid Quarterly @ \$250.00 = \$1000/yr.

**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  
Educational Allowance -\$350/yr.  
Flex Benefit 125 Program