

**INYO COUNTY BENEFIT AND COST RATES 2017**  
**PROBATION PEACE OFFICER'S ASSOCIATION (ICPPOA)**

**HEALTH INSURANCE – MEDICAL**

**PORAC (PPO 90/10 Plan)**

**Employee Only**

**Monthly Premium**

County portion (80%)

Employee portion (20%)

**\$699.00/mo.**

\$559.20/mo.

\$64.52/payroll

**Employee + One Dependent**

**Monthly Premium**

County portion (80%)

Employee portion (20%)

**\$1467.00/mo.**

\$1173.60/mo.

\$135.42/payroll

**Employee + Family Coverage**

**Monthly Premium**

County portion (80%)

Employee portion (20%)

**\$1876.00/mo.**

\$1500.80/mo.

\$173.17/payroll

**PERS SELECT (PPO 80/20 Plan)**

**Employee Only**

**Monthly Premium**

County portion (80%)

Employee portion (20%)

**\$633.46/mo.**

\$506.77/mo.

\$58.47/payroll

**Employee + One Dependent**

**Monthly Premium**

County portion (80%)

Employee portion (20%)

**\$1266.92/mo.**

\$1013.54/mo.

\$116.95/payroll

**Employee + Family Coverage**

**Monthly Premium**

County portion (80%)

Employee portion (20%)

**\$1647.00/mo.**

\$1317.60/mo.

\$152.03/payroll

**INYO COUNTY BENEFIT AND COST RATES 2017**  
**PROBATION PEACE OFFICER'S ASSOCIATION (ICPPOA)**

**PERS CHOICE (PPO 80/20 Plan)**

**Employee Only**

**Monthly Premium**

**\$714.43/mo.**

County portion (80%)

\$571.54/mo.

Employee portion (20%)

\$65.95/payroll

**Employee + One Dependent**

**Monthly Premium**

**\$1428.86/mo.**

County portion (80%)

\$1143.09/mo.

Employee portion (20%)

\$131.89/payroll

**Employee + Family Coverage**

**Monthly Premium**

**\$1857.52/mo.**

County portion (80%)

\$1486.02/mo.

Employee portion (20%)

\$171.46/payroll

**PERS CARE (PPO 90/10 Plan)**

**Employee Only**

**Monthly Premium**

**\$802.24/mo.**

County portion (up to 80% of Choice Rate)

\$571.54/mo.

Employee portion (20% + Balance)

\$106.48/payroll

**Employee + One Dependent**

**Monthly Premium**

**\$1604.48/mo.**

County portion (up to 80% of Choice Rate)

\$1143.09/mo.

Employee portion (20% + Balance)

\$212.95/payroll

**Employee + Family Coverage**

**Monthly Premium**

**\$2085.82/mo.**

County portion (up to 80% of Choice Rate)

\$1486.02/mo.

Employee portion (20% + Balance)

\$276.83/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.

**INYO COUNTY BENEFIT AND COST RATES 2017**  
**PROBATION PEACE OFFICER'S ASSOCIATION (ICPPOA)**

**LIFE INSURANCE**

**\$4.16/mo.**

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

**DENTAL INSURANCE- Delta Dental**

**\$35.00/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.

**PEPRA Employees** (new CalPers members hired after January 1, 2013) 2% at 62. Employees will be required to pay 6.5% of base salary 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**

11 days per year

**CLOTHING ALLOWANCE**

Paid \$100 twice a year first payroll in January and last payroll in July.

**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