

INYO COUNTY BENEFITS AND COSTS 2012
DEPUTY SHERIFFS ASSOCIATION (DSA)

HEALTH INSURANCE – MEDICAL

PORAC (PPO 90/10 Plan)

Employee Only

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

Employee + One Dependent

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

Employee + Family Coverage

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

PERS Choice (PPO 80/20 Plan)

Employee Only

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

Employee + One Dependent

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

Employee + Family Coverage

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

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

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.

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LIFE INSURANCE

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

\$7.40/mo.

DENTAL INSURANCE- Delta Dental

County pays 100% for employee and dependents.

\$70.00/mo.

VISION INSURANCE-Vision Service Plan

County pays 100% for employee and dependents.
Option of 2 pairs of lenses (second – safety).

\$15.21/mo.

LONG-TERM DISABILITY

County pays for 100% of long-term disability benefit.

\$19.50/mo.

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 (9% of gross pay). Employer-Paid Member Contributions (EPMC) reported as wages.

401(a) PLAN (Defined Contribution Plan)

County contributes \$30 per month for all Safety employees.

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 out

HOLIDAYS

14 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