

INYO COUNTY BENEFIT AND COST RATES 2019
DEPUTY SHERIFF'S ASSOCIATION (DSA)

HEALTH INSURANCE – MEDICAL

PORAC (PPO 90/10 Plan)

Employee Only

Monthly Premium

\$774.00/mo.

County portion (80%)

\$619.20/mo.

Employee portion (20%)

\$71.45/payroll

Employee + One Dependent

Monthly Premium

\$1623.00/mo.

County portion (80%)

\$1298.00/mo.

Employee portion (20%)

\$149.82/payroll

Employee + Family Coverage

Monthly Premium

\$2076.00/mo.

County portion (80%)

\$1660.80/mo.

Employee portion (20%)

\$191.63/payroll

PERS SELECT (PPO 80/20 Plan)

Employee Only

Monthly Premium

\$462.71/mo.

County portion (100%)

\$462.71/mo.

Employee portion

\$0.00/payroll

Employee + One Dependent

Monthly Premium

\$925.42/mo.

County portion (100%)

\$925.42/mo.

Employee portion

\$0.00/payroll

Employee + Family Coverage

Monthly Premium

\$1203.05/mo.

County portion (100%)

\$1203.05/mo.

Employee portion

\$0.00/payroll

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PERS CHOICE (PPO 80/20 Plan)

Employee Only

Monthly Premium

\$721.11/mo.

County portion (80%)

\$576.89/mo.

Employee portion (20%)

\$66.56/payroll

Employee + One Dependent

Monthly Premium

\$1442.22/mo.

County portion (80%)

\$1153.78/mo.

Employee portion (20%)

\$133.13/payroll

Employee + Family Coverage

Monthly Premium

\$1874.89/mo.

County portion (80%)

\$1499.91/mo.

Employee portion (20%)

\$173.07/payroll

PERS CARE (PPO 90/10 Plan)

Employee Only

Monthly Premium

\$907.29/mo.

County portion (80%)

\$725.83/mo.

Employee portion (20%)

\$83.75/payroll

Employee + One Dependent

Monthly Premium

\$1814.58/mo.

County portion (80%)

\$1451.66/mo.

Employee portion (20%)

\$167.50/payroll

Employee + Family Coverage

Monthly Premium

\$2358.95/mo.

County portion (80%)

\$1887.16/mo.

Employee portion (20%)

\$217.75/payroll

Premiums for **PERS Select Medical Insurance** will be paid by the County at 100%.

Premiums for **PORAC, CHOICE & CARE Medical Insurance** will be paid by the County at 80% and the Employee at 20%.

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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LIFE INSURANCE **\$4.16/mo.**

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

DENTAL INSURANCE- Delta Dental **\$50.00/mo.**

County pays 100% for employee and dependents.

VISION INSURANCE-Vision Service Plan **\$6.00/mo.**

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

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 the employee contribution rate of 9% 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 11.5% of base salary 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.

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

14 days per year

UNIFORM ALLOWANCE

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

OPTIONAL PLANS

Deferred Compensation Plans
Additional Life Insurance
Credit Unions
Flex Benefit 125 Program