

INYO COUNTY BENEFIT AND COST RATES 2019
CORRECTIONAL OFFICERS ASSOCIATION (ICCOA)

HEALTH INSURANCE – MEDICAL

PORAC (PPO 90/10 Plan)

Employee Only

Monthly Premium

County portion (80%)

Employee portion (20%)

\$774.00/mo.

\$619.20/mo.

\$71.45/payroll

Employee + One Dependent

Monthly Premium

County portion (80%)

Employee portion (20%)

\$1623.00/mo.

\$1298.00/mo.

\$149.82/payroll

Employee + Family Coverage

Monthly Premium

County portion (80%)

Employee portion (20%)

\$2076.00/mo.

\$1660.80/mo.

\$191.63/payroll

PERS SELECT (PPO 80/20 Plan)

Employee Only

Monthly Premium

County portion (80%)

Employee portion (20%)

\$462.71/mo.

\$370.17/mo.

\$42.71/payroll

Employee + One Dependent

Monthly Premium

County portion (80%)

Employee portion (20%)

\$925.42/mo.

\$740.34/mo.

\$85.42/payroll

Employee + Family Coverage

Monthly Premium

County portion (80%)

Employee portion (20%)

\$1203.05/mo.

\$962.44/mo.

\$111.05/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 (up to 80% of Choice Rate)

\$576.89/mo.

Employee portion (20% + balance)

\$152.49/payroll

Employee + One Dependent

Monthly Premium

\$1814.58/mo.

County portion (up to 80% of Choice Rate)

\$1153.78/mo.

Employee portion (20% + balance)

\$304.99/payroll

Employee + Family Coverage

Monthly Premium

\$2358.95/mo.

County portion (up to 80% of Choice Rate)

\$1499.91/mo.

Employee portion (20% + balance)

\$396.48/payroll

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.

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

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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.

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

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
Flex Benefit 125 Program