

**INYO COUNTY BENEFIT AND COST RATES 2019**  
**INYO COUNTY EMPLOYEES ASSOCIATION (ICEA)**

**HEALTH INSURANCE – MEDICAL**

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

**Employee Only**

**Monthly Premium**

**\$462.71/mo.**

County portion (80%)

\$370.17/mo.

Employee portion (20%)

\$42.71/payroll

**Employee + One Dependent**

**Monthly Premium**

**\$925.42/mo.**

County portion (80%)

\$740.34/mo.

Employee portion (20%)

\$85.42/payroll

**Employee + Family Coverage**

**Monthly Premium**

**\$1203.05/mo.**

County portion (80%)

\$962.44/mo.

Employee portion (20%)

\$111.05/payroll

**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

**INYO COUNTY BENEFIT AND COST RATES 2019**  
**INYO COUNTY EMPLOYEES ASSOCIATION (ICEA)**

**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 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.

**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).

**INYO COUNTY BENEFIT AND COST RATES 2019**  
**INYO COUNTY EMPLOYEES ASSOCIATION (ICEA)**

**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 limit

**HOLIDAYS**

11 days per year

**FLEX DAYS**

5 days per fiscal year (does not accrue)

**SAFETY SHOES**

Designated positions - \$150/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