

**INYO COUNTY BENEFIT AND COST RATES 2017**  
**INYO COURT EMPLOYEE'S ASSOCIATION (CTEA)**

**HEALTH INSURANCE – MEDICAL**

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

**Employee Only**

**Monthly Premium**

**\$633.46/mo.**

County portion (90%)

\$570.11/mo.

Employee portion (10%)

\$29.24/payroll

**Employee + One Dependent**

**Monthly Premium**

**\$1266.92/mo.**

County portion (90%)

\$1140.23/mo.

Employee portion (10%)

\$58.47/payroll

**Employee + Family Coverage**

**Monthly Premium**

**\$1647.00/mo.**

County portion (90%)

\$1482.30/mo.

Employee portion (10%)

\$76.02/payroll

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

**Employee Only**

**Monthly Premium**

**\$714.43/mo.**

County portion (90%)

\$642.99/mo.

Employee portion (10%)

\$32.97/payroll

**Employee + One Dependent**

**Monthly Premium**

**\$1428.86/mo.**

County portion (90%)

\$1285.97/mo.

Employee portion (10%)

\$65.95/payroll

**Employee + Family Coverage**

**Monthly Premium**

**\$1857.52/mo.**

County portion (90%)

\$1671.77/mo.

Employee portion (10%)

\$85.73/payroll

**INYO COUNTY BENEFIT AND COST RATES 2017**  
**INYO COURT EMPLOYEE'S ASSOCIATION (CTEA)**

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

**Employee Only**

**Monthly Premium**

County portion (90%)	\$722.02/mo.
Employee portion (10%)	\$37.03/payroll

**\$802.24/mo.**

**Employee + One Dependent**

**Monthly Premium**

County portion (90%)	\$1444.03/mo.
Employee portion (10%)	\$74.05/payroll

**\$1604.48/mo.**

**Employee + Family Coverage**

**Monthly Premium**

County portion (90%)	\$1877.24/mo.
Employee portion (10%)	\$96.27/payroll

**\$2085.82/mo.**

**NEW HIRE AFTER 1/1/17**

**Employee Only**

**Monthly Premium**

County portion (up to 90% of Choice Rate)	\$642.99/mo.
Employee portion (10%)	\$73.50/payroll

**\$802.24/mo.**

**Employee + One Dependent**

**Monthly Premium**

County portion (up to 90% of Choice Rate)	\$1285.97/mo.
Employee portion (10%)	\$147.00/payroll

**\$1604.48/mo.**

**Employee + Family Coverage**

**Monthly Premium**

County portion (up to 90% of Choice Rate)	\$1671.77/mo.
Employee portion (10%)	\$191.10/payroll

**\$2085.82/mo.**

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

County will pay \$200-employee only, \$300-employee + one or \$400-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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**INYO COURT EMPLOYEE'S ASSOCIATION (CTEA)**

**LIFE INSURANCE**

**\$4.16/mo.**

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

**DENTAL INSURANCE- Delta Dental**

**\$45.00/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. Effective 1<sup>st</sup> full pay period of July 2014, employees shall contribute through payroll deduction, three percent (3%) of the employee contribution on wages subject to PERS contributions. Effective 1<sup>st</sup> full pay period of July 2015, employees shall contribute, through payroll deduction, an additional two percent (2%) of the employee contribution on wages subject to PERS contributions for a total contribution of five percent (5%). Effective 1<sup>st</sup> full pay period of July 2016, employees shall contribute, through payroll deduction, an additional two percent (2%) of the employee contribution on wages subject to PERS contributions for a total contribution of seven percent (7%).

**PEPRA Employees** (new CalPers members hired after January 1, 2013) 2% at 62. Employees will be required to pay the full employee portion 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.

**FLEX DAYS**

5 days per fiscal year (does not accrue)

**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

**SICK LEAVE**

15 days per year (accrues) – No max

**HOLIDAYS**

11 days per year

**OPTIONAL PLANS**

Deferred Compensation Plans  
Credit Unions  
Additional Life Insurance  
Educational Allowance -\$350/yr.  
Flex Benefit 125 Program