

INYO COUNTY BENEFIT AND COST RATES 2018
DEPUTY SHERIFF'S ASSOCIATION (DSA)

HEALTH INSURANCE – MEDICAL

PORAC (PPO 90/10 Plan)

Employee Only

Monthly Premium

\$734.00/mo.

County portion (80%)

\$587.20/mo.

Employee portion (20%)

\$67.75/payroll

Employee + One Dependent

Monthly Premium

\$1540.00/mo.

County portion (80%)

\$1232.00/mo.

Employee portion (20%)

\$142.15/payroll

Employee + Family Coverage

Monthly Premium

\$1970.00/mo.

County portion (80%)

\$1576.00/mo.

Employee portion (20%)

\$181.85/payroll

PERS SELECT (PPO 80/20 Plan)

Employee Only

Monthly Premium

\$654.74/mo.

County portion (100%)

\$654.74/mo.

Employee portion

\$0.00/payroll

Employee + One Dependent

Monthly Premium

\$1309.48/mo.

County portion (100%)

\$1309.48/mo.

Employee portion

\$0.00/payroll

Employee + Family Coverage

Monthly Premium

\$1702.32/mo.

County portion (100%)

\$1702.32/mo.

Employee portion

\$0.00/payroll

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PERS CHOICE (PPO 80/20 Plan)

Employee Only

Monthly Premium

\$698.96/mo.

County portion (80%)

\$559.17/mo.

Employee portion (20%)

\$64.52/payroll

Employee + One Dependent

Monthly Premium

\$1397.92/mo.

County portion (80%)

\$1118.34/mo.

Employee portion (20%)

\$129.04/payroll

Employee + Family Coverage

Monthly Premium

\$1817.30/mo.

County portion (80%)

\$1453.84/mo.

Employee portion (20%)

\$167.75/payroll

PERS CARE (PPO 90/10 Plan)

Employee Only

Monthly Premium

\$733.50/mo.

County portion (80%)

\$586.80/mo.

Employee portion (20%)

\$67.71/payroll

Employee + One Dependent

Monthly Premium

\$1467.00/mo.

County portion (80%)

\$1173.60/mo.

Employee portion (20%)

\$135.42/payroll

Employee + Family Coverage

Monthly Premium

\$1907.10/mo.

County portion (80%)

\$1525.68/mo.

Employee portion (20%)

\$176.04/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

Educational Allowance-\$350/yr

Flex Benefit 125 Program

Credit Unions