

INYO COUNTY BENEFIT AND COST RATES 2018
INYO COUNTY EMPLOYEES ASSOCIATION (ICEA)

HEALTH INSURANCE – MEDICAL

PERS SELECT (PPO 80/20 Plan)

Employee Only

Monthly Premium

\$654.74/mo.

County portion (80%)

\$523.79/mo.

Employee portion (20%)

\$60.44/payroll

Employee + One Dependent

Monthly Premium

\$1309.48/mo.

County portion (80%)

\$1047.58/mo.

Employee portion (20%)

\$120.88/payroll

Employee + Family Coverage

Monthly Premium

\$1702.32/mo.

County portion (80%)

\$1361.86/mo.

Employee portion (20%)

\$157.14/payroll

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

INYO COUNTY BENEFIT AND COST RATES 2018
INYO COUNTY EMPLOYEES ASSOCIATION (ICEA)

PERS CARE (PPO 90/10 Plan)

Employee Only

Monthly Premium

\$733.50/mo.

County portion (up to 80% of Choice Rate)

\$559.17/mo.

Employee portion (20% + balance)

\$80.46/payroll

Employee + One Dependent

Monthly Premium

\$1467.00/mo.

County portion (up to 80% of Choice Rate)

\$1118.34/mo.

Employee portion (20% + balance)

\$160.92/payroll

Employee + Family Coverage

Monthly Premium

\$1907.10/mo.

County portion (up to 80% of Choice Rate)

\$1453.84/mo.

Employee portion (20% + balance)

\$209.20/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).

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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
Educational Allowance -\$350/yr.