## INYO COUNTY BENEFITS AND COSTS 2020 BPAR ICEA EMPLOYEES

# **HEALTH INSURANCE - MEDICAL**

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

## **Employee Only**

Monthly Premium County portion (80%)

Employee portion (20%)

# Employee + One Dependent

Monthly Premium County portion (80%) Employee portion (20%)

### **Employee + Family Coverage**

Monthly Premium County portion (80%) Employee portion (20%)

## PERS CHOICE (PPO 80/20 Plan)

## Employee Only Monthly Premium

County portion (80%) Employee portion (20%)

### **Employee + One Dependent**

# Monthly Premium

County portion (80% of Choice Employee Only Rate) Employee portion (20% + balance)

#### **Employee + Family Coverage** Monthly Premium

County portion (80% of Choice Employee Only Rate) Employee portion (20% + balance)

### **\$451.54/mo.** \$361.23/mo. \$41.68/payroll

**\$903.08/mo.** \$361.23/mo. \$250.08/payroll

# \$1174.00/mo.

\$361.23/mo. \$375.12/payroll

#### **\$736.28/mo.** \$589.02/mo. \$67.96/payroll

**\$1472.56/mo.** \$589.02/mo.

\$407.79/payroll

# \$1914.33/mo.

\$589.02/mo. \$611.68/payroll

# INYO COUNTY BENEFITS AND COSTS 2020 BPAR ICEA EMPLOYEES

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

Employee Only	
Monthly Premium	\$986.66/mo.
County portion (80% of Choice Employee Only Rate)	\$589.02/mo.
Employee portion (20% + balance)	\$183.52/payroll
Employee + One Dependent	
Monthly Premium	\$1973.32/mo.
County portion (80% of Choice Employee Only Rate)	\$589.02/mo.
Employee portion (20% + balance)	\$638.91/payroll
Employee + Family Coverage	
Monthly Premium	\$2565.32/mo.
County portion (80% of Choice Employee Only Rate)	\$589.02/mo.
Employee portion (20% + balance)	\$912.14/payroll

County shall pay 80% of employee only premium (up to Choice rate) for health benefits.

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

#### **DENTAL INSURANCE-Delta Dental**

#### \$50.00/mo.

\$8.00/mo.

Employees may opt into dental for employee and dependents at their own expense.

#### VISION INSURANCE- Vision Service Plan

Employees may opt into vision for employee and dependents at their own expense.

#### SHORT-TERM DISABILITY

County pays for employee (to a maximum of the current State of CA rate).

#### VACATION/SICK LEAVE

Employees shall receive prorated vacation and sick leave.

#### FLEX DAYS

20 hours 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

#### HOLIDAYS 11 days per year (4 hrs/holiday)