# INYO COUNTY BENEFIT AND COST RATES 2020 LAW ENFORCEMENT ADMINISTRATOR'S ASSOCIATION (LEAA)

# <u>HEALTH INSURANCE – MEDICAL</u>

# PORAC (PPO 90/10 Plan)

**Employee Only** 

Monthly Premium
County portion (80%)
Employee portion (20%)
\$749.00/mo.
\$599.20/mo.
\$69.14/payroll

**Employee + One Dependent** 

Monthly Premium\$1499.00/mo.County portion (80%)\$1199.20/mo.Employee portion (20%)\$138.37/payroll

**Employee + Family Coverage** 

Monthly Premium
County portion (80%)
Employee portion (20%)
\$1960.00/mo.
\$1568.00/mo.
\$180.92/payroll

## PERS SELECT (PPO 80/20 Plan)

**Employee Only** 

Monthly Premium\$451.54/mo.County portion (80%)\$361.23/mo.Employee portion (20%)\$41.68/payroll

Employee + One Dependent

Monthly Premium \$903.08/mo.

County portion (80%) \$722.46/mo.

Employee portion (20%) \$83.36/payroll

**Employee + Family Coverage** 

Monthly Premium\$1174.00/mo.County portion (80%)\$939.20/mo.Employee portion (20%)\$108.37/payroll

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# PERS CHOICE (PPO 80/20 Plan)

**Employee Only** 

Monthly Premium
County portion (80%)
Employee portion (20%)
\$589.02/mo.
\$67.96/payroll

Employee + One Dependent

Monthly Premium \$1472.56/mo.
County portion (80%) \$1178.05/mo.
Employee portion (20%) \$135.93/payroll

**Employee + Family Coverage** 

Monthly Premium
County portion (80%)
Employee portion (20%)
\$1914.33/mo.
\$1531.46/mo.
\$176.71/payroll

# PERS CARE (PPO 90/10 Plan)

**Employee Only** 

Monthly Premium
County portion (up to 80% of Choice Rate)
Employee portion (20% + balance)
\$589.02/mo.
\$183.52/payroll

**Employee + One Dependent** 

Monthly Premium
County portion (up to 80% of Choice Rate)
Employee portion (20% + balance)
\$1973.32/mo.
\$1178.05/mo.
\$367.05/payroll

**Employee + Family Coverage** 

Monthly Premium \$2565.32/mo.

County portion (up to 80% of Choice Rate) \$1531.46/mo.

Employee portion (20% + balance) \$477.16/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.

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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**

\$8.00/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).

#### STAND BY/CALL OUT

County agrees to pay \$100 per day for Saturday and Sunday and any County recognized holiday.

#### PUBLIC EMPLOYEES RETIREMENT SYSTEM (CALPERS)

**Classic Employees** (existing CalPers member) 3% at 50 – Inyo County pays employee contribution rate of 4.5%, and members pay 4.5% 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 12% 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.

#### ADMINISTRATIVE HOURS

76 hours of Administrative hours each fiscal year (does not accrue)

#### **SICK LEAVE**

15 days per year (accrues)-No max limit

## **HOLIDAYS**

8.5% of base pay per pay period

#### **OPTIONAL PLANS**

Deferred Compensation Plans Credit Unions Additional Life Insurance

Flex Benefit 125 Program

#### UNIFORM ALLOWANCE

\$1000 per year