

INYO COUNTY BENEFIT AND COST RATES 2021
CORRECTIONAL OFFICERS ASSOCIATION (ICCOA)

HEALTH INSURANCE – MEDICAL

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

County portion (80%)

Employee portion (20%)

\$1499.00/mo.

\$1199.20/mo.

\$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

County portion (80%)

Employee portion (20%)

\$476.92/mo.

\$381.54/mo.

\$44.02/payroll

Employee + One Dependent

Monthly Premium

County portion (80%)

Employee portion (20%)

\$953.84/mo.

\$763.07/mo.

\$88.05/payroll

Employee + Family Coverage

Monthly Premium

County portion (80%)

Employee portion (20%)

\$1239.99/mo.

\$991.99/mo.

\$114.46/payroll

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PERS CHOICE (PPO 80/20 Plan)

Employee Only

Monthly Premium

\$783.19/mo.

County portion (80%)

\$626.55/mo.

Employee portion (20%)

\$72.29/payroll

Employee + One Dependent

Monthly Premium

\$1566.38/mo.

County portion (80%)

\$1253.10/mo.

Employee portion (20%)

\$144.59/payroll

Employee + Family Coverage

Monthly Premium

\$2036.29/mo.

County portion (80%)

\$1629.03/mo.

Employee portion (20%)

\$187.97/payroll

PERS CARE (PPO 90/10 Plan)

Employee Only

Monthly Premium

\$1115.68/mo.

County portion (up to 80% of Choice Rate)

\$626.55/mo.

Employee portion (20% + balance)

\$225.75/payroll

Employee + One Dependent

Monthly Premium

\$2231.36/mo.

County portion (up to 80% of Choice Rate)

\$1253.10/mo.

Employee portion (20% + balance)

\$451.50/payroll

Employee + Family Coverage

Monthly Premium

\$2900.77/mo.

County portion (up to 80% of Choice Rate)

\$1629.03/mo.

Employee portion (20% + balance)

\$586.96/payroll

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.

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

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LIFE INSURANCE

\$4.04/mo.

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

DENTAL INSURANCE-Delta Dental

\$60.00/mo.

County pays 100% for employee and dependents.

VISION INSURANCE-Vision Service Plan

\$15.00/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.

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

FLEX DAYS

5 days per fiscal year (does not accrue)

HOLIDAYS

6.5% of base pay per pay period

UNIFORM ALLOWANCE

\$1000 per year

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