

**INYO COUNTY BENEFIT AND COST RATES 2021**  
**DEPUTY SHERIFF'S ASSOCIATION (DSA)**

**HEALTH INSURANCE – MEDICAL**

**PORAC (PPO 80/20 Plan)**

**Employee Only**

**Monthly Premium**

**\$749.00/mo.**

County portion (80%)

\$599.20/mo.

Employee portion (20%)

\$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**

**\$1960.00/mo.**

County portion (80%)

\$1568.00/mo.

Employee portion (20%)

\$180.92/payroll

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

**Employee Only**

**Monthly Premium**

**\$476.92/mo.**

County portion (100%)

\$476.92/mo.

Employee portion

\$0.00/payroll

**Employee + One Dependent**

**Monthly Premium**

**\$953.84/mo.**

County portion (100%)

\$953.84/mo.

Employee portion

\$0.00/payroll

**Employee + Family Coverage**

**Monthly Premium**

**\$1239.99/mo.**

County portion (100%)

\$1239.99/mo.

Employee portion

\$0.00/payroll

**INYO COUNTY BENEFIT AND COST RATES 2021**  
**DEPUTY SHERIFF'S ASSOCIATION (DSA)**

**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 (80%)

\$892.54/mo.

Employee portion (20%)

\$102.99/payroll

**Employee + One Dependent**

**Monthly Premium**

**\$2231.36/mo.**

County portion (80%)

\$1785.09/mo.

Employee portion (20%)

\$205.97/payroll

**Employee + Family Coverage**

**Monthly Premium**

**\$2900.77/mo.**

County portion (80%)

\$2320.62/mo.

Employee portion (20%)

\$267.76/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.

**INYO COUNTY BENEFIT AND COST RATES 2021**  
**DEPUTY SHERIFF'S ASSOCIATION (DSA)**

**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.  
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 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.

**SICK LEAVE**  
15 days per year (accrues)-No max limit

**HOLIDAYS**  
8.5% of base pay per pay period

**UNIFORM ALLOWANCE**  
\$1000 per year

**OPTIONAL PLANS**  
Deferred Compensation Plans  
Additional Life Insurance  
Credit Unions  
Flex Benefit 125 Program