

**INYO COUNTY BENEFIT AND COST RATES 2021**  
**PROBATION PEACE OFFICER'S ASSOCIATION BPAR (ICPPOA)**

**HEALTH INSURANCE – MEDICAL**

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

**Employee Only**

**Monthly Premium**

**\$476.92/mo.**

County portion (80%)

\$381.54/mo.

Employee portion (20%)

\$44.02/payroll

**Employee + One Dependent**

**Monthly Premium**

**\$953.84/mo.**

County portion (80%)

\$381.54/mo.

Employee portion (20%)

\$264.14/payroll

**Employee + Family Coverage**

**Monthly Premium**

**\$1239.99/mo.**

County portion (80%)

\$381.54/mo.

Employee portion (20%)

\$396.21/payroll

**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%)

\$626.55/mo.

Employee portion (20%)

\$433.77/payroll

**Employee + Family Coverage**

**Monthly Premium**

**\$2036.29/mo.**

County portion (80%)

\$626.55/mo.

Employee portion (20%)

\$650.65/payroll

**INYO COUNTY BENEFIT AND COST RATES 2021**  
**PROBATION PEACE OFFICER'S ASSOCIATION BPAR (ICPPOA)**

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

**Employee Only**

**Monthly Premium**

**\$1115.68/mo.**

County portion (80% of Choice Employee Only Rate)

\$626.55/mo.

Employee portion (20% + balance)

\$225.75/payroll

**Employee + One Dependent**

**Monthly Premium**

**\$2231.36/mo.**

County portion (80% of Choice Employee Only Rate)

\$626.55/mo.

Employee portion (20% + balance)

\$740.68/payroll

**Employee + Family Coverage**

**Monthly Premium**

**\$2900.77/mo.**

County portion (80% of Choice Employee Only Rate)

\$626.55/mo.

Employee portion (20% + balance)

\$1049.64/payroll

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

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

**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).

**VACATION/SICK LEAVE**

Employees shall receive prorated vacation and sick leave.

**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

**FLEX DAYS**

20 hours per fiscal year (does not accrue)

**HOLIDAYS**

11 days per year (4 hrs/holiday)

**CLEANING REIMBURSEMENT**

\$200 per year