INYO COUNTY BENEFITS AND COSTS 2022 BPAR ICEA EMPLOYEES

HEALTH INSURANCE - MEDICAL

PERS GOLD (PPO 80/20 Plan)

Em	ploy	vee	Only

Monthly Premium	\$587.78/mo.
County portion (80%)	\$470.22/mo.
Employee portion (20%)	\$54.26/payroll

Employee + One Dependent

Monthly Premium	\$1175.56/mo.
County portion (80% of Gold Employee Only Rate)	\$470.22/mo.
Employee portion (20% + Balance)	\$325.54/payroll

Employee + Family Coverage

Monthly Premium	\$1528.23/mo.
County portion (80% of Gold Employee Only Rate)	\$470.22/mo.
Employee portion (20% + Balance)	\$488.31/payroll

PERS PLATINUM (PPO 90/10 Plan)

Employee Only

Monthly Premium	\$882.18/mo.
County portion (80%)	\$705.74/mo.
Employee portion (20%)	\$81.43/payroll

Employee + One Dependent

Monthly Premium	\$1764.36/mo.
County portion (80% of Platinum Employee Only Rate)	\$705.74/mo.
Employee portion (20% + Balance)	\$488.59/payroll

Employee + Family Coverage

Monthly Premium	\$2293.67/mo.
County portion (80% of Platinum Employee Only Rate)	\$705.74/mo.
Employee portion (20% + Balance)	\$732.89/payroll

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

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

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DENTAL INSURANCE-Delta Dental

\$60.00/mo.

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

VISION INSURANCE- Vision Service Plan

\$15.00/mo.

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

HOLIDAYS

20 hours per fiscal year (does not accrue)

11 days per year (4 hrs/holiday)

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