

**INYO COUNTY BENEFIT AND COST RATES 2022**  
**PROBATION PEACE OFFICER'S ASSOCIATION BPAR (ICPPOA)**

**HEALTH INSURANCE – MEDICAL**

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

**Employee Only**

**Monthly Premium**

**\$775.00/mo.**

County portion (80%)

\$620.00/mo.

Employee portion (20%)

\$71.54/payroll

**Employee + One Dependent**

**Monthly Premium**

**\$1550.00/mo.**

County portion (80%)

\$620.00/mo.

Employee portion (20%)

\$429.23/payroll

**Employee + Family Coverage**

**Monthly Premium**

**\$2010.00/mo.**

County portion (80%)

\$620.00/mo.

Employee portion (20%)

\$641.54/payroll

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

**Employee 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

**INYO COUNTY BENEFIT AND COST RATES 2022**  
**PROBATION PEACE OFFICER'S ASSOCIATION BPAR (ICPPOA)**

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

**Employee Only**

**Monthly Premium**

County portion (80%)

Employee portion (20%)

**\$882.18/mo.**

\$705.74/mo.

\$81.43/payroll

**Employee + One Dependent**

**Monthly Premium**

County portion (80% of Platinum Employee Only Rate)

Employee portion (20% + Balance)

**\$1764.36/mo.**

\$705.74/mo.

\$488.59/payroll

**Employee + Family Coverage**

**Monthly Premium**

County portion (80% of Platinum Employee Only Rate)

Employee portion (20% + Balance)

**\$2293.67/mo.**

\$705.74/mo.

\$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.

**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**

20 hours per fiscal year (does not accrue)

**HOLIDAYS**

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

**UNIFORM ALLOWANCE**

\$800 per year