INYO COUNTY BENEFITS AND COSTS 2022 NON-REPRESENTED, MANAGEMENT, DEPTARTMENT HEADS, & ELECTED OFFICIALS

HEALTH INSURANCE – MEDICAL

PERS GOLD (PPO 80/20 Plan)

Employee Only

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

Employee + One Dependent

Monthly Premium\$1175.56/mo.County portion (80%)\$940.45/mo.Employee portion (20%)\$108.51/payroll

Employee + Family Coverage

 Monthly Premium
 \$1528.23/mo.

 County portion (80%)
 \$1222.58/mo.

 Employee portion (20%)
 \$141.07/payroll

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
 \$1764.36/mo.

 County portion (80%)
 \$1411.49/mo.

 Employee portion (20%)
 \$162.86/payroll

Employee + Family Coverage

Monthly Premium
County portion (80%)
Employee portion (20%)
\$2293.67/mo.
\$1834.94/mo.
\$211.72/payroll

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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.

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 (Excludes Elected Officials)

County pays for employee (to a maximum of the current State of CA rate).

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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 the full employee portion 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 limit (exclude elected officials)

FLEX DAYS

5 days per fiscal year (does not accrue) (exclude elected officials)

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

HOLIDAYS

11 days per year

SAFETY SHOES

Designated positions - \$150/yr.

OPTIONAL PLANS

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