

INYO COUNTY BENEFIT AND COST RATES 2023
CORRECTIONAL OFFICERS ASSOCIATION (ICCOA)

HEALTH INSURANCE – MEDICAL

PORAC (PPO 80/20 Plan)

Employee Only

Monthly Premium

\$820.00/mo.

County portion (80%)

\$656.00/mo.

Employee portion (20%)

\$75.69/payroll

Employee + One Dependent

Monthly Premium

\$1650.00/mo.

County portion (80%)

\$1320.00/mo.

Employee portion (20%)

\$152.31/payroll

Employee + Family Coverage

Monthly Premium

\$2100.00/mo.

County portion (80%)

\$1680.00/mo.

Employee portion (20%)

\$193.85/payroll

PERS GOLD (PPO 80/20 Plan)

Employee Only

Monthly Premium

\$695.93/mo.

County portion (80%)

\$556.74/mo.

Employee portion (20%)

\$64.24/payroll

Employee + One Dependent

Monthly Premium

\$1391.86/mo.

County portion (80%)

\$1113.49/mo.

Employee portion (20%)

\$128.48/payroll

Employee + Family Coverage

Monthly Premium

\$1809.42/mo.

County portion (80%)

\$1447.54/mo.

Employee portion (20%)

\$167.02/payroll

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PERS PLATINUM (PPO 90/10 Plan)

Employee Only

Monthly Premium

County portion (80%)

Employee portion (20%)

\$1014.80/mo.

\$811.84/mo.

\$93.67/payroll

Employee + One Dependent

Monthly Premium

County portion (80%)

Employee portion (20%)

\$2029.60/mo.

\$1623.68/mo.

\$187.35/payroll

Employee + Family Coverage

Monthly Premium

County portion (80%)

Employee portion (20%)

\$2638.48/mo.

\$2110.78/mo.

\$243.55/payroll

PERS BLUE SHIELD EPO

Employee Only

Monthly Premium

County portion (80%)

Employee portion (20%)

\$842.61/mo.

\$674.09/mo.

\$77.78/payroll

Employee + One Dependent

Monthly Premium

County portion (80%)

Employee portion (20%)

\$1685.22/mo.

\$1348.18/mo.

\$155.56/payroll

Employee + Family Coverage

Monthly Premium

County portion (80%)

Employee portion (20%)

\$2190.79/mo.

\$1752.63/mo.

\$202.23/payroll

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.

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.**
County pays 100% for employee and dependents.

VISION INSURANCE-Vision Service Plan **\$15.00/mo.**
County pays 100% for employee and dependents.

LIFE INSURANCE **\$4.04/mo.**
County pays for \$20,000 of term life insurance on employee only.

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) 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

FLEX DAYS
5 days per fiscal year (does not accrue)

HOLIDAYS
6.25% of base pay per pay period

UNIFORM ALLOWANCE
\$1000 per year

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

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