

**INYO COUNTY BENEFIT AND COST RATES 2023**  
**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**

**\$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% of Gold Employee Only Rate)

\$556.74/mo.

Employee portion (20% + Balance)

\$385.44/payroll

**Employee + Family Coverage**

**Monthly Premium**

**\$1809.42/mo.**

County portion (80% of Gold Employee Only Rate)

\$556.74/mo.

Employee portion (20% + Balance)

\$578.16/payroll

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

**Employee Only**

**Monthly Premium**

**\$1014.80/mo.**

County portion (80%)

\$811.84/mo.

Employee portion (20%)

\$93.67/payroll

**Employee + One Dependent**

**Monthly Premium**

**\$2029.60/mo.**

County portion (80% of Platinum Employee Only Rate)

\$811.84/mo.

Employee portion (20% + Balance)

\$562.04/payroll

**Employee + Family Coverage**

**Monthly Premium**

**\$2638.48/mo.**

County portion (80% of Platinum Employee Only Rate)

\$811.84/mo.

Employee portion (20% + Balance)

\$843.06/payroll

**PERS BLUE SHIELD EPO**

**Employee Only**

**Monthly Premium**

**\$842.61/mo.**

County portion (80%)

\$674.09/mo.

Employee portion (20%)

\$77.78/payroll

**Employee + One Dependent**

**Monthly Premium**

**\$1685.22/mo.**

County portion (80% of Blue Shield Employee Only Rate)

\$674.09/mo.

Employee portion (20% + Balance)

\$466.68/payroll

**Employee + Family Coverage**

**Monthly Premium**

**\$2190.79/mo.**

County portion (80% of Blue Shield Employee Only Rate)

\$674.09/mo.

Employee portion (20% + Balance)

\$700.02/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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**PROBATION PEACE OFFICER'S ASSOCIATION BPAR (ICPPOA)**

**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