

INYO COUNTY BENEFIT AND COST RATES 2023
PROBATION PEACE OFFICER'S ASSOCIATION (ICPPOA)

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

INYO COUNTY BENEFIT AND COST RATES 2023
PROBATION PEACE OFFICER'S ASSOCIATION (ICPPOA)

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 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.

INYO COUNTY BENEFIT AND COST RATES 2023
PROBATION PEACE OFFICER'S ASSOCIATION (ICPPOA)

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
11 days per year

UNIFORM ALLOWANCE
\$800 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