INYO COUNTY BENEFITS AND COSTS 2023 BPAR ICEA EMPLOYEES

HEALTH INSURANCE - MEDICAL

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	

<u>Employee + Family Coverage</u> Monthly Premium County portion (80% of Gold Employee Only Rate) Employee portion (20% + Balance)

\$1809.42/mo. \$556.74/mo. \$578.16/payroll

PERS PLATINUM (PPO 90/10 Plan)

Employee Only

Monthly Premium

County portion (80%) Employee portion (20%)

Employee + One Dependent

Monthly Premium

County portion (80% of Platinum Employee Only Rate) Employee portion (20% + Balance)

Employee + Family Coverage

Monthly Premium

County portion (80% of Platinum Employee Only Rate) Employee portion (20% + Balance) **\$1014.80/mo.** \$811.84/mo. \$93.67/payroll

\$2029.60/mo. \$811.84/mo. \$562.04/payroll

\$2638.48/mo. \$811.84/mo. \$843.06/payroll

INYO COUNTY BENEFITS AND COSTS 2023 BPAR ICEA EMPLOYEES

PERS BLUE SHIELD EPO

Employee Only

Monthly Premium County portion (80%) Employee portion (20%)

Employee + One Dependent

Monthly Premium

County portion (80% of Blue Shield Employee Only Rate) Employee portion (20% + Balance)

Employee + Family Coverage

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

Employee portion (20% + Balance)

County shall pay 80% of employee only premium (PERS plans) for health benefits.

County reimburses 50% of each deductible met for employee and dependent coverage enrolled in PPO plans.

DENTAL INSURANCE-Delta Dental

Employees may opt into dental for employee and dependents at their own expense.

VISION INSURANCE- Vision Service Plan

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)

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 **\$842.61/mo.** \$674.09/mo. \$77.78/payroll

\$1685.22/mo. \$674.09/mo. \$466.68/payroll

\$2190.79/mo. \$674.09/mo. \$700.02/payroll

\$60.00/mo.

\$15.00/mo.

HOLIDAYS

11 days per year (4 hrs/holiday)