

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

**HEALTH INSURANCE – MEDICAL**

**PERS GOLD (PPO 80/20 Plan)**

**Employee Only**

**Monthly Premium**

County portion (80%)

Employee portion (20%)

**\$695.93/mo.**

\$556.74/mo.

\$64.24/payroll

**Employee + One Dependent**

**Monthly Premium**

County portion (80% of Gold Employee Only Rate)

Employee portion (20% + Balance)

**\$1391.86/mo.**

\$556.74/mo.

\$385.44/payroll

**Employee + Family Coverage**

**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%)

**\$1014.80/mo.**

\$811.84/mo.

\$93.67/payroll

**Employee + One Dependent**

**Monthly Premium**

County portion (80% of Platinum Employee Only Rate)

Employee portion (20% + Balance)

**\$2029.60/mo.**

\$811.84/mo.

\$562.04/payroll

**Employee + Family Coverage**

**Monthly Premium**

County portion (80% of Platinum Employee Only Rate)

Employee portion (20% + Balance)

**\$2638.48/mo.**

\$811.84/mo.

\$843.06/payroll

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

**PERS BLUE SHIELD EPO**

**Employee Only**

**Monthly Premium**

County portion (80%)	\$842.61/mo.
Employee portion (20%)	\$674.09/mo.
	\$77.78/payroll

**Employee + One Dependent**

**Monthly Premium**

County portion (80% of Blue Shield Employee Only Rate)	\$1685.22/mo.
Employee portion (20% + Balance)	\$674.09/mo.
	\$466.68/payroll

**Employee + Family Coverage**

**Monthly Premium**

County portion (80% of Blue Shield Employee Only Rate)	\$2190.79/mo.
Employee portion (20% + Balance)	\$674.09/mo.
	\$700.02/payroll

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**

**\$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