

INYO COUNTY BENEFIT AND COST RATES 2023
DEPUTY SHERIFF'S ASSOCIATION (DSA)

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 (100%)

\$556.74/mo.

Employee portion

\$64.24/payroll

Employee + One Dependent

Monthly Premium

\$1391.86mo.

County portion (100%)

\$1113.49/mo.

Employee portion

\$128.48/payroll

Employee + Family Coverage

Monthly Premium

\$1809.42/mo.

County portion (100%)

\$1447.54/mo.

Employee portion

\$167.02/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%)

\$1623.68/mo.

Employee portion (20%)

\$187.35/payroll

Employee + Family Coverage

Monthly Premium

\$2638.48/mo.

County portion (80%)

\$2110.78/mo.

Employee portion (20%)

\$243.55/payroll

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%)

\$1348.18/mo.

Employee portion (20%)

\$155.56/payroll

Employee + Family Coverage

Monthly Premium

\$2190.79/mo.

County portion (80%)

\$1752.63/mo.

Employee portion (20%)

\$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.

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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.
Option of 2 pairs of lenses (second – safety).

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

LONG-TERM DISABILITY **\$22.60/mo.**
County pays for 100% of long-term disability benefit.

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) 3% at 50 – Inyo County pays employee contribution rate of 4.5% , and members pay 4.5% of base salary toward retirement.

PEPRA Employees (new CalPERS members hired after January 1, 2013) 2.7% at 57. Employees will be required to pay the full employee portion toward retirement.

401(a) PLAN (Defined Contribution Plan)
County contributes \$30 per month for all Safety employees.

LONGEVITY PAY

At the completion of six years of service on the anniversary date of the Member, Member will receive a one (1) percent increase to the base salary and will receive a one-half (1/2) increase every year thereafter until the employee reaches a total of eight (8) percent and 20 years of service.

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WELLNESS – GYM MEMBERSHIP OR EQUIPMENT

The county will reimburse employees up to a maximum of \$500 per fiscal year for gym equipment or gym/fitness memberships.

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 maximum of 35 days.

SICK LEAVE

15 days per year (accrues)-No max limit

HOLIDAYS

8.5% of base pay per pay period

UNIFORM ALLOWANCE

\$2000 per year

OPTIONAL PLANS

Deferred Compensation Plans

Additional Life Insurance

Credit Unions

Flex Benefit 125 Program

