

**INYO COUNTY BENEFIT AND COST RATES 2024**  
**CORRECTIONAL OFFICERS ASSOCIATION (ICCOA)**

**HEALTH INSURANCE – MEDICAL**

**PORAC (PPO 80/20 Plan)**

**Employee Only**

**Monthly Premium**

**\$926.00/mo.**

County portion (80%)

\$740.80/mo.

Employee portion (20%)

\$85.48/payroll

**Employee + One Dependent**

**Monthly Premium**

**\$1863.00/mo.**

County portion (80%)

\$1490.40/mo.

Employee portion (20%)

\$171.97/payroll

**Employee + Family Coverage**

**Monthly Premium**

**\$2371.00/mo.**

County portion (80%)

\$1896.80/mo.

Employee portion (20%)

\$218.86/payroll

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

**Employee Only**

**Monthly Premium**

**\$799.44/mo.**

County portion (100%)

\$639.55/mo.

Employee portion

\$73.79/payroll

**Employee + One Dependent**

**Monthly Premium**

**\$1598.88/mo.**

County portion (100%)

\$1279.10/mo.

Employee portion

\$147.59/payroll

**Employee + Family Coverage**

**Monthly Premium**

**\$2078.54/mo.**

County portion (100%)

\$1662.83/mo.

Employee portion

\$191.87/payroll

**INYO COUNTY BENEFIT AND COST RATES 2024**  
**CORRECTIONAL OFFICERS ASSOCIATION (ICCOA)**

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

**Employee Only**

**Monthly Premium**

**\$1151.50/mo.**

County portion (80%)

\$921.20/mo.

Employee portion (20%)

\$106.29/payroll

**Employee + One Dependent**

**Monthly Premium**

**\$2303.00./mo.**

County portion (80%)

\$1842.40/mo.

Employee portion (20%)

\$212.58/payroll

**Employee + Family Coverage**

**Monthly Premium**

**\$2993.90/mo.**

County portion (80%)

\$2395.12/mo.

Employee portion (20%)

\$276.36/payroll

**BLUE SHIELD EPO**

**Employee Only**

**Monthly Premium**

**\$869.14/mo.**

County portion (80%)

\$695.31/mo.

Employee portion (20%)

\$80.23/payroll

**Employee + One Dependent**

**Monthly Premium**

**\$1738.28/mo.**

County portion (80%)

\$1390.62/mo.

Employee portion (20%)

\$160.46/payroll

**Employee + Family Coverage**

**Monthly Premium**

**\$2259.76/mo.**

County portion (80%)

\$1807.81/mo.

Employee portion (20%)

\$208.59/payroll

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.

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

**INYO COUNTY BENEFIT AND COST RATES 2024**  
**CORRECTIONAL OFFICERS ASSOCIATION (ICCOA)**

**DENTAL INSURANCE-Delta Dental** **\$50.00/mo.**  
County pays 100% for employee and dependents.

**VISION INSURANCE-Vision Service Plan** **\$12.00/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**  
6.25% of base pay per pay period

**UNIFORM ALLOWANCE**  
\$1000 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