

INYO COUNTY BENEFIT AND COST RATES 2024
LAW ENFORCEMENT ADMINISTRATOR'S ASSOCIATION (LEAA)

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
LAW ENFORCEMENT ADMINISTRATOR'S ASSOCIATION (LEAA)

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

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

\$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. 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).

STAND BY/CALL OUT

County agrees to pay \$100 per day for Saturday and Sunday and any County recognized holiday.

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.

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.

ADMINISTRATIVE HOURS

76 hours of Administrative hours each fiscal year (does not accrue)

SICK LEAVE

15 days per year (accrues)-No max limit

HOLIDAYS

13 days per year

UNIFORM ALLOWANCE

\$2000 per year

OPTIONAL PLANS

Deferred Compensation Plans

Credit Unions

Additional Life Insurance

Flex Benefit 125 Program