

INYO COUNTY BENEFIT AND COST RATES 2025
CORRECTIONAL OFFICERS ASSOCIATION (ICCOA)
Effective Date: 01/30/2025

HEALTH INSURANCE – MEDICAL

BLUE SHIELD EPO

Employee Only

Monthly Premium

\$948.53/mo.

County portion (100%)

\$948.53/mo.

Employee portion

\$0.00/payroll

Employee + One Dependent

Monthly Premium

\$1897.06/mo.

County portion (100%)

\$1897.06/mo.

Employee portion

\$0.00/payroll

Employee + Family Coverage

Monthly Premium

\$2466.18/mo.

County portion (100%)

\$2466.18/mo.

Employee portion

\$0.00/payroll

PERS GOLD (PPO 80/20 Plan)

Employee Only

Monthly Premium

\$864.75/mo.

County portion (100%)

\$864.75/mo.

Employee portion

\$0.00/payroll

Employee + One Dependent

Monthly Premium

\$1729.50/mo.

County portion (100%)

\$1729.50/mo.

Employee portion

\$0.00/payroll

Employee + Family Coverage

Monthly Premium

\$2248.35/mo.

County portion (100%)

\$2248.35/mo.

Employee portion

\$0.00/payroll

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PERS PLATINUM (PPO 90/10 Plan)

Employee Only

Monthly Premium

\$1258.76/mo.

County portion (75%)

\$944.07/mo.

Employee portion (25%)

\$145.24/payroll

Employee + One Dependent

Monthly Premium

\$2517.52/mo.

County portion (75%)

\$1888.14/mo.

Employee portion (25%)

\$290.48/payroll

Employee + Family Coverage

Monthly Premium

\$3272.78/mo.

County portion (75%)

\$2454.59/mo.

Employee portion (25%)

\$377.63/payroll

PORAC (PPO 80/20 Plan)

Employee Only

Monthly Premium

\$970.00/mo.

County portion (80%)

\$776.00/mo.

Employee portion (20%)

\$89.54/payroll

Employee + One Dependent

Monthly Premium

\$1951.00/mo.

County portion (80%)

\$1560.80/mo.

Employee portion (20%)

\$180.09/payroll

Employee + Family Coverage

Monthly Premium

\$2484.00/mo.

County portion (80%)

\$1987.20/mo.

Employee portion (20%)

\$229.29/payroll

County will pay \$200.00-employee only, \$300.00-employee + one or \$400.00-family per payroll to each employee who has other medical coverage and has opted out of the County's medical plan.

County will reimburse to employees opting into the County's medical coverage 100% of the annual medical deductible after the full deductible per person has been paid, up to \$1000.

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WELLNESS BONUS PROGRAM

The County will reimburse employees up to a maximum of \$500.00 per calendar year. See Wellness Affidavit Form for activities subject for the reimbursement.

DENTAL INSURANCE-Delta Dental

County pays 100% for employee and dependents.

VISION INSURANCE-Vision Service Plan

County pays 100% for employee and dependents.

LIFE INSURANCE

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 280 hours.

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

\$2000 per year

LONGEVITY PAY

1% at 6 years of service, thereafter
employee will receive a half percent (0.5%)
increase every year until employee reaches a total
of 8% and 20 years of service.

OPTIONAL PLANS

Credit Unions
Additional Life Insurance
Flex Benefit 125 Program
Deferred Compensation Plans

AIRMEDCARE NETWORK

The County shall pay to provide insurance covering the cost of air ambulance transport from the region to remote treatment facilities for the employee (and their family) so long as they are employed by Inyo County.