# INYO COUNTY BENEFITS AND COSTS 2025 ELECTED OFFICIALS

# HEALTH INSURANCE - MEDICAL

## **BLUE SHIELD EPO**

| Employee Only | Emi | olo | vee | On] | v |
|---------------|-----|-----|-----|-----|---|
|---------------|-----|-----|-----|-----|---|

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
County portion (100%)
Employee portion
S2466.18/mo.
\$2466.18/mo.
\$0.00/payroll

# PERS GOLD (PPO 80/20 Plan)

#### **Employee Only**

Monthly Premium
County portion (100%)
Employee portion
S864.75/mo.
\$864.75/mo.
\$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**

| <b>Monthly Premium</b> | \$2517.52/mo.    |  |
|------------------------|------------------|--|
| County portion (75%)   | \$1888.14/mo.    |  |
| Employee portion (25%) | \$290.48/payroll |  |

## **Employee + Family Coverage**

| <b>Monthly Premium</b> | \$3272.78/mo.    |  |
|------------------------|------------------|--|
| County portion (75%)   | \$2454.59/mo.    |  |
| Employee portion (25%) | \$377.63/payroll |  |

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.

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.

## **DENTAL INSURANCE- Delta Dental**

County pays 100% for employee and dependents.

# <u>VISION INSURANCE – Vision Service Plan</u>

County pays 100% for employee and dependents.

## **LIFE INSURANCE**

County pays for \$20,000 of term life insurance on employee only.

#### **SHORT-TERM DISABILITY (Excludes Elected Officials)**

County pays for employee (to a maximum of the current State of CA rate).

# INYO COUNTY BENEFITS AND COSTS 2025 **ELECTED OFFICIALS**

# 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 limit (exclude elected officials)

## **HOLIDAYS** 12 days per year

## **FLEX DAYS**

5 days per fiscal year (does not accrue) (exclude elected officials)

## 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