

INYO COUNTY BENEFITS AND COSTS 2025
BPAR ICEA EMPLOYEES

HEALTH INSURANCE - MEDICAL

BLUE SHIELD EPO

Employee Only

Monthly Premium

\$948.53/mo.

County portion (80%)

\$758.82/mo.

Employee portion (20%)

\$87.56/payroll

Employee + One Dependent

Monthly Premium

\$1897.06/mo.

County portion (80% of Blue Shield Employee Only Rate)

\$758.82/mo.

Employee portion (20% + Balance)

\$525.34/payroll

Employee + Family Coverage

Monthly Premium

\$2466.18/mo.

County portion (80% of Blue Shield Employee Only Rate)

\$758.82/mo.

Employee portion (20% + Balance)

\$788.01/payroll

PERS GOLD (PPO 80/20 Plan)

Employee Only

Monthly Premium

\$864.75/mo.

County portion (80%)

\$691.80/mo.

Employee portion (20%)

\$79.82/payroll

Employee + One Dependent

Monthly Premium

\$1729.50/mo.

County portion (80% of Gold Employee Only Rate)

\$691.80/mo.

Employee portion (20% + Balance)

\$478.94/payroll

Employee + Family Coverage

Monthly Premium

\$2248.35/mo.

County portion (80% of Gold Employee Only Rate)

\$691.80/mo.

Employee portion (20% + Balance)

\$718.41/payroll

INYO COUNTY BENEFITS AND COSTS 2025
BPAP ICEA EMPLOYEES

PERS PLATINUM (PPO 90/10 Plan)

Employee Only

Monthly Premium

\$1258.76/mo.

County portion (80%)

\$1007.01/mo.

Employee portion (20%)

\$116.19/payroll

Employee + One Dependent

Monthly Premium

\$2517.52/mo.

County portion (80% of Platinum Employee Only Rate)

\$1007.01/mo.

Employee portion (20% + Balance)

\$697.16/payroll

Employee + Family Coverage

Monthly Premium

\$3272.78/mo.

County portion (80% of Platinum Employee Only Rate)

\$1007.01/mo.

Employee portion (20% + Balance)

\$1045.74/payroll

County shall pay 80% of employee only premium (PERS plans) for health benefits.

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

DENTAL INSURANCE-Delta Dental

\$15.00/mo.

Employees may opt into dental for employee and dependents at their own expense.

VISION INSURANCE- Vision Service Plan

\$0.00/mo.

Employees may opt into vision for employee and dependents at their own expense.

SHORT-TERM DISABILITY

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

VACATION/SICK LEAVE

Employees shall receive prorated vacation and sick leave.

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.

HOLIDAYS

12 days per year

FLEX DAYS

5 days per fiscal year (no accrual)

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.

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.