

**INYO COUNTY BENEFIT AND COST RATES 2025**  
**LAW ENFORCEMENT ADMINISTRATOR'S ASSOCIATION (LEAA)**

**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%)

\$1517.65/mo.

Employee portion (20%)

\$175.11/payroll

**Employee + Family Coverage**

**Monthly Premium**

**\$2466.18/mo.**

County portion (80%)

\$1972.94/mo.

Employee portion (20%)

\$227.65/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%)

\$1383.60/mo.

Employee portion (20%)

\$159.65/payroll

**Employee + Family Coverage**

**Monthly Premium**

**\$2248.35/mo.**

County portion (80%)

\$1798.68/mo.

Employee portion (20%)

\$207.54/payroll

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**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%)

\$2014.02/mo.

Employee portion (20%)

\$232.39/payroll

**Employee + Family Coverage**

**Monthly Premium**

**\$3272.78/mo.**

County portion (80%)

\$2618.22/mo.

Employee portion (20%)

\$302.10/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 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**

County pays 100% for employee and dependents.

**VISION INSURANCE-Vision Service Plan**

County pays 100% for employee and dependents. Option of 2 pairs of lenses (second – safety)

**LIFE INSURANCE**

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

**LONG-TERM DISABILITY**

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 \$75.00 per day for regularly scheduled day and \$120.00 for regularly scheduled days off or holidays.

**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 percent (1%) increase to the base salary and will receive a half percent (0.5%) increase every year after until the employee reaches a total of eight percent (8%) and twenty (20) years of service.

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**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**

80 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

**WELLNESS – GYM MEMBERSHIP OR EQUIPMENT**

The County will reimburse employees up to a maximum of \$500 per calendar year for gym equipment or Gym/fitness memberships.

**OPTIONAL PLANS**

Deferred Compensation Plans

Additional Life Insurance

Credit Unions

Flex Benefit 125 Program