

INYO COUNTY BENEFIT AND COST RATES 2025
PROBATION PEACE OFFICER'S ASSOCIATION (ICPPOA)

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 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 \$200-employee only, \$300-employee + one or \$400-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.

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 35 days.

SICK LEAVE

15 days per year (accrues) – No max

FLEX DAYS

5 days per fiscal year (does not accrue)

HOLIDAYS

12 days per year

UNIFORM ALLOWANCE

\$1400 per year

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.

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

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