

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

**HEALTH INSURANCE – MEDICAL**

<b>Plan Type &amp; / Contribution</b>	<b>Blue Shield EPO</b>	<b>PERS Gold (80/20 plan)</b>	<b>PERS Platinum (90/10 plan)</b>	<b>PORAC (80/20 plan)</b>
<b>Employee Only</b>				
County Paid Portion/ mo.	\$ 948.53	\$ 864.75	\$ 944.07	\$ 776.00
Employee Paid Portion/ payroll	\$ 0	\$ 0	\$ 145.24	\$ 89.54
<b>Employee + 1 Dependent</b>				
County Paid Portion/ mo.	\$ 1,897.06	\$ 1,729.50	\$ 1,888.14	\$ 1,560.80
Employee Paid Portion/ payroll	\$ 0	\$ 0	\$ 290.48	\$ 180.09
<b>Employee + Family Coverage</b>				
County Paid Portion/ mo.	\$ 2,466.18	\$ 2,248.35	\$ 2,454.59	\$ 1,987.20
Employee Paid Portion/ payroll	\$ 0	\$ 0	\$ 377.63	\$ 229.29

**HEALTH INSURANCE – DEDUCTIBLE REIMBURSEMENT**

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.

**HEALTH INSURANCE – OPT OUT**

County will pay the following, per payroll, to each employee who has other medical coverage and has opted out of the County's medical plan.

<b>Plan Type</b>	<b>Opt Out Payment/Payroll</b>
<b>Employee Only</b>	\$ 200
<b>Employee + One Dependent</b>	\$ 300
<b>Employee + Family Coverage</b>	\$ 400

**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).

**WELLNESS BONUS PROGRAM**

The County will reimburse employees up to a maximum of \$500 per calendar year. See Wellness Affidavit Form for activities subject for the reimbursement.

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**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.

**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 limit)

**HOLIDAYS**

6.25% of base pay per pay period

**FLEX DAYS**

5 days per fiscal year (does not accrue)

**UNIFORM ALLOWANCE**

\$2000 Annual

**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