

**INYO COUNTY BENEFIT AND COST RATES 2025**  
**LAW ENFORCEMENT ADMINISTRATOR'S ASSOCIATION (LEAA)**  
**Updated 05/13/2025**

**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.	\$ 758.82	\$ 691.80	\$ 1,007.01	\$ 776.00
Employee Paid Portion/ payroll	\$ 87.56	\$ 79.82	\$ 116.19	\$ 89.54
<b>Employee + 1 Dependent</b>				
County Paid Portion/ mo.	\$ 1,517.65	\$ 1,383.60	\$ 2,014.02	\$ 1,560.80
Employee Paid Portion/ payroll	\$ 175.11	\$ 159.65	\$ 232.39	\$ 180.09
<b>Employee + Family Coverage</b>				
County Paid Portion/ mo.	\$ 1,972.94	\$ 1,798.68	\$ 2,618.22	\$ 1,987.20
Employee Paid Portion/ payroll	\$ 227.65	\$ 207.54	\$ 302.10	\$ 229.29

**HEALTH INSURANCE – DEDUCTIBLE REIMBURSEMENT**

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

**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>	\$ 92.31
<b>Employee + One Dependent</b>	\$ 184.62
<b>Employee + Family Coverage</b>	\$ 276.93

**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.

**401(a) PLAN (Defined Contribution Plan)**

County contributes \$30 per month for all Safety employees.

**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).

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**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.

**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.

**STAND BY/CALL OUT**

County agrees to pay \$75 per day for regularly scheduled day and \$120 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.

**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 services.

**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**

13 days per year

**ADMINISTRATIVE HOURS**

80 paid administrative hours each fiscal year (does not accrue)

**UNIFORM ALLOWANCE**

\$2000 Annual

**OPTIONAL PLANS**

Deferred Compensation Plans

Credit Unions

Additional Life Insurance

Flex Benefit 125 Program