INYO COUNTY BENEFIT AND COST RATES 2026
CORRECTIONAL OFFICERS ASSOCIATION (CCOA)

HEALTH INSURANCE – MEDICAL

Plan Type & / Contribution	Blue Shield EPO	PERS Gold (80/20 plan)	PERS Platinum (90/10 plan)	PORAC (80/20 plan)
Employee Only				
County Paid Portion/ mo.	$ 1,052.89	$ 956.28	$ 1,069.68	$ 845.60
Employee Paid Portion/ payroll	$ 0	$ 0	$ 164.57	$ 97.57
Employee + 1 Dependent				
County Paid Portion/ mo.	$ 2,105.78	$ 1,912.56	$ 2,139.36	$ 1,701.60
Employee Paid Portion/ payroll	$ 0	$ 0	$ 329.13	$ 196.34
Employee + Family Coverage				
County Paid Portion/ mo.	$ 2,737.51	$ 2,486.33	$ 2,781.17	$ 2,166.40
Employee Paid Portion/ payroll	$ 0	$ 0	$ 427.87	$ 249.97

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.

Plan Type	Opt Out Payment/Payroll
Employee Only	$ 200
Employee + One Dependent	$ 300
Employee + Family Coverage	$ 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.

INYO COUNTY BENEFIT AND COST RATES 2026
CORRECTIONAL OFFICERS ASSOCIATION (CCOA)

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