

**INYO COUNTY BENEFITS AND COSTS 2010**  
**B-PAR CATEGORY EMPLOYEES SCHEDULE**

**Employee Only**

<b>Monthly Premium</b>	<b>\$472.83/mo.</b>
County portion	\$354.62/mo.
Employee portion	\$118.21/mo.

**Employee + One Dependent**

<b>Monthly Premium</b>	<b>\$945.66/mo.</b>
County portion	\$354.62/mo.
Employee portion	\$591.04/mo.

**Employee + Family Coverage**

<b>Monthly Premium</b>	<b>\$1229.36/mo.</b>
County portion	\$354.62/mo.
Employee portion	\$874.74/mo.

In addition to the above, all eligible employees are also responsible for payment of 1% of base salary toward medical coverage.

**Calendar Year Deductible**

Single enrollments must meet a \$500 calendar year deductible, then the plan plays at 80% of reasonable and customary charges.

Enrollment of 2-party or family coverage must meet two \$500 calendar year deductibles, then the plan pays at 80% of reasonable and customary charges.

County reimburses \$250.00 of each \$500.00 deductible As deductibles are met, Inyo County will reimburse \$250 of each deductible to employee after submittal of proof to Payroll Clerk, Auditor's Office.

**PersChoice is an indemnity PPO (preferred provider) medical plan. You receive a better benefit if you use a PPO provider.**

**\$20.00 co-pay – office visit**  
**Pharmacy Program – co-pay varies**