

**BREAKDOWN OF MEDICAL PREMIUM COST
B-PAR CATEGORY EMPLOYEES
Effective January 1, 2008 (PersChoice)**

Employee Only

Monthly Premium -	\$458.59/mo.
County portion -	\$343.94/mo.
Employee portion -	\$114.65/mo.

Employee + One Dependent

Monthly Premium -	\$917.18/mo.
County portion -	\$343.94/mo.
Employee portion -	\$573.24/mo.

Employee + Family Coverage

Monthly Premium -	\$1192.33/mo.
County portion -	\$343.94/mo.
Employee portion -	\$848.39/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 pays 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.

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**