

**EL CAMINO COMMUNITY COLLEGE DISTRICT  
TENTHLY (10 MONTHS) FRINGE BENEFITS PREMIUM/EMPLOYEE  
CONTRIBUTIONS  
JANUARY 1, 2019 THROUGH DECEMBER 31, 2019**

**DENTAL PLANS**

<b>DELTA DENTAL PREMIER</b>	<b>EMPLOYEE ONLY</b>	<b>TWO-PARTY</b>	<b>FAMILY</b>
<b>TOTAL PREMIUM</b>	<b>\$91.36</b>	<b>\$182.75</b>	<b>\$222.94</b>
<b>DISTRICT COST</b>	<b>\$91.36</b>	<b>\$155.33</b>	<b>\$183.46</b>
<b>EMPLOYEE COST</b>	<b>\$0.00</b>	<b>\$27.42</b>	<b>\$39.48</b>

<b>DELTA CARE (PMI)</b>	<b>EMPLOYEE ONLY</b>	<b>TWO-PARTY</b>	<b>FAMILY</b>
<b>TOTAL PREMIUM</b>	<b>\$25.21</b>	<b>\$41.62</b>	<b>\$61.40</b>
<b>DISTRICT COST</b>	<b>\$25.21</b>	<b>\$41.62</b>	<b>\$61.40</b>
<b>EMPLOYEE COST</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

The District pays Delta Care (PMI) premiums. There are no employee contributions.

**VISION PLAN**

<b>VISION SERVICE PLAN</b>	<b>EMPLOYEE ONLY</b>	<b>TWO-PARTY</b>	<b>FAMILY</b>
<b>TOTAL PREMIUM</b>	<b>\$11.56</b>	<b>\$23.48</b>	<b>\$33.34</b>
<b>DISTRICT COST</b>	<b>\$11.56</b>	<b>\$19.90</b>	<b>\$26.81</b>
<b>EMPLOYEE COST</b>	<b>\$0.00</b>	<b>\$3.58</b>	<b>\$6.53</b>

**EMPLOYEE HEALTH INSURANCE 2019**