

EL CAMINO COMMUNITY COLLEGE DISTRICT

Fringe Benefits Premium/Employee Contributions

10 MONTH Employees

JANUARY 1, 2019 through DECEMBER 31, 2019

MEDICAL PLANS Tenthly Rates

CALPERS ANTHEM BLUE CROSS PPO PLANS

PERSCare (90/10)	EMPLOYEE ONLY	TWO-PARTY	FAMILY
Total Premium	\$1,012.54	\$2,025.07	\$2,632.60
District Contribution	\$708.00	\$1,226.40	\$1,593.60
Employee Contribution	\$304.54	\$798.67	\$1,039.00

PERS Choice (80/20)	EMPLOYEE ONLY	TWO-PARTY	FAMILY
Total Premium	\$785.40	\$1,570.80	\$2,042.04
District Contribution	\$708.00	\$1,226.40	\$1,593.60
Employee Contribution	\$77.40	\$344.40	\$448.44

PERS Select (80/20)	EMPLOYEE ONLY	TWO-PARTY	FAMILY
Total Premium	\$504.92	\$1,009.85	\$1,312.80
District Contribution	\$504.92	\$1,009.85	\$1,312.80
Employee Contribution	\$0.00	\$0.00	\$0.00

CALPERS HMO PLANS

Blue Shield Access + HMO	EMPLOYEE ONLY	TWO-PARTY	FAMILY
Total Premium	\$803.70	\$1,607.40	\$2,089.62
District Contribution	\$708.00	\$1,226.40	\$1,593.60
Employee Contribution	\$95.70	\$381.00	\$496.02

Kaiser	EMPLOYEE ONLY	TWO-PARTY	FAMILY
Total Premium	\$742.37	\$1,484.74	\$1,930.15
District Contribution	\$708.00	\$1,226.40	\$1,593.60
Employee Contribution	\$34.37	\$258.34	\$336.55

2019 Maximum District Contributions	EMPLOYEE ONLY	TWO-PARTY	FAMILY
	\$708.00	\$1,226.40	\$1,593.60

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JANUARY 1, 2019 through DECEMBER 31, 2019

MEDICAL PLANS Tenthly Rates

CALPERS HMO PLANS

Anthem HMO Select	EMPLOYEE ONLY	TWO-PARTY	FAMILY
Total Premium	\$752.48	\$1,504.97	\$1,956.46
District Contribution	\$708.00	\$1,226.40	\$1,593.60
Employee Contribution	\$44.48	\$278.57	\$362.86

Anthem HMO Traditional	EMPLOYEE ONLY	TWO-PARTY	FAMILY
Total Premium	\$1,054.18	\$2,108.35	\$2,740.86
District Contribution	\$708.00	\$1,226.40	\$1,593.60
Employee Contribution	\$346.18	\$881.95	\$1,147.26

Health Net Salud y Mas HMO	EMPLOYEE ONLY	TWO-PARTY	FAMILY
Total Premium	\$427.80	\$855.60	\$1,112.28
District Contribution	\$427.80	\$855.60	\$1,112.28
Employee Contribution	\$0.00	\$0.00	\$0.00

Health Net SmartCare HMO	EMPLOYEE ONLY	TWO-PARTY	FAMILY
Total Premium	\$701.12	\$1,402.25	\$1,822.92
District Contribution	\$701.12	\$1,226.40	\$1,593.60
Employee Contribution	\$0.00	\$175.85	\$229.32

UnitedHealthcare	EMPLOYEE ONLY	TWO-PARTY	FAMILY
Total Premium	\$803.53	\$1,607.06	\$2,089.19
District Contribution	\$708.00	\$1,226.40	\$1,593.60
Employee Contribution	\$95.53	\$380.66	\$495.59

2019 Maximum District Contributions	EMPLOYEE ONLY	TWO-PARTY	FAMILY
	\$708.00	\$1,226.40	\$1,593.60