

**EL CAMINO COMMUNITY COLLEGE DISTRICT
MONTHLY (12 MONTHS) FRINGE BENEFITS PREMIUM/EMPLOYEE
CONTRIBUTIONS
JANUARY 1, 2015 THROUGH DECEMBER 31, 2015**

DENTAL PLANS

DELTA DENTAL PREMIER	EMPLOYEE ONLY	TWO-PARTY	FAMILY
TOTAL PREMIUM	\$76.13	\$152.29	\$185.78
DISTRICT COST	\$76.13	\$129.44	\$152.88
EMPLOYEE COST	\$0.00	\$22.85	\$32.90

DELTA CARE (PMI)	EMPLOYEE ONLY	TWO-PARTY	FAMILY
TOTAL PREMIUM	\$21.01	\$34.68	\$51.15
DISTRICT COST	\$21.01	\$34.68	\$51.15
EMPLOYEE COST	\$0.00	\$0.00	\$0.00

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

VISION PLAN

VISION SERVICE PLAN	EMPLOYEE ONLY	TWO-PARTY	FAMILY
TOTAL PREMIUM	\$9.62	\$19.57	\$27.79
DISTRICT COST	\$9.62	\$16.58	\$22.34
EMPLOYEE COST	\$0.00	\$2.99	\$5.45