

EL CAMINO COMMUNITY COLLEGE DISTRICT
Fringe Benefits Premium/Employee Contributions

12 MONTH Employees

JANUARY 1, 2017 through DECEMBER 31, 2017

DENTAL PLANS Monthly Rates

DELTA DENTAL PREMIER	EMPLOYEE ONLY	TWO-PARTY	FAMILY
Total Premium	\$76.13	\$152.29	\$185.78
District Contribution	\$76.13	\$129.44	\$152.88
Employee Contribution	\$0.00	\$22.85	\$32.90

DELTA CARE (PMI)	EMPLOYEE ONLY	TWO-PARTY	FAMILY
Total Premium	\$21.01	\$34.68	\$51.15
District Contribution	\$21.01	\$34.68	\$51.15
Employee Contribution	\$0.00	\$0.00	\$0.00

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

VISION PLAN Monthly Rates

VISION SERVICE PLAN	EMPLOYEE ONLY	TWO-PARTY	FAMILY
Total Premium	\$9.62	\$19.57	\$27.79
District Contribution	\$9.62	\$16.58	\$22.34
Employee Contribution	\$0.00	\$2.99	\$5.45