

**EL CAMINO COMMUNITY COLLEGE DISTRICT**  
**Fringe Benefits Premium/Employee Contributions**

**12 MONTH Employees**

**JANUARY 1, 2015 through DECEMBER 31, 2015**

**DENTAL PLANS Monthly Rates**

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

DELTA CARE (PMI)	EMPLOYEE ONLY	TWO-PARTY	FAMILY
<b>Total Premium</b>	<b>\$21.01</b>	<b>\$34.68</b>	<b>\$51.15</b>
<b>District Contribution</b>	<b>\$21.01</b>	<b>\$34.68</b>	<b>\$51.15</b>
<b>Employee Contribution</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 Monthly Rates**

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