

EL CAMINO COMMUNITY COLLEGE DISTRICT
Fringe Benefits Premium/Employee Contributions

12 MONTH Employees

JANUARY 1, 2017 through DECEMBER 31, 2017

MEDICAL PLANS Monthly Rates

CALPERS ANTHEM BLUE CROSS PPO PLANS

PERSCare (90/10)	EMPLOYEE ONLY	TWO-PARTY	FAMILY
Total Premium	\$715.88	\$1,431.76	\$1,861.29
District Contribution	\$590.00	\$1,022.00	\$1,328.00
Employee Contribution	\$125.88	\$409.76	\$533.29

PERS Choice (80/20)	EMPLOYEE ONLY	TWO-PARTY	FAMILY
Total Premium	\$637.53	\$1,275.06	\$1,657.58
District Contribution	\$590.00	\$1,022.00	\$1,328.00
Employee Contribution	\$47.53	\$253.06	\$329.58

PERS Select (80/20)	EMPLOYEE ONLY	TWO-PARTY	FAMILY
Total Premium	\$565.33	\$1,130.66	\$1,469.86
District Contribution	\$565.33	\$1,022.00	\$1,328.00
Employee Contribution	\$0.00	\$108.66	\$141.86

CALPERS HMO PLANS

Blue Shield Access + HMO	EMPLOYEE ONLY	TWO-PARTY	FAMILY
Total Premium	\$675.98	\$1,351.96	\$1,757.55
District Contribution	\$590.00	\$1,022.00	\$1,328.00
Employee Contribution	\$85.98	\$329.96	\$429.55

Kaiser	EMPLOYEE ONLY	TWO-PARTY	FAMILY
Total Premium	\$573.89	\$1,147.78	\$1,492.11
District Contribution	\$573.89	\$1,022.00	\$1,328.00
Employee Contribution	\$0.00	\$125.78	\$164.11

2017 Maximum District Contributions	EMPLOYEE ONLY	TWO-PARTY	FAMILY
	\$590.00	\$1,022.00	\$1,328.00

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Fringe Benefits Premium/Employee Contributions

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JANUARY 1, 2017 through DECEMBER 31, 2017

MEDICAL PLANS Monthly Rates

CALPERS HMO PLANS

Anthem HMO Select	EMPLOYEE ONLY	TWO-PARTY	FAMILY
Total Premium	\$592.78	\$1,185.56	\$1,541.23
District Contribution	\$590.00	\$1,022.00	\$1,328.00
Employee Contribution	\$2.78	\$163.56	\$213.23

Anthem HMO Traditional	EMPLOYEE ONLY	TWO-PARTY	FAMILY
Total Premium	\$713.69	\$1,427.38	\$1,855.59
District Contribution	\$590.00	\$1,022.00	\$1,328.00
Employee Contribution	\$123.69	\$405.38	\$527.59

Health Net Salud y Mas HMO	EMPLOYEE ONLY	TWO-PARTY	FAMILY
Total Premium	\$414.79	\$829.58	\$1,078.45
District Contribution	\$414.79	\$829.58	\$1,078.45
Employee Contribution	\$0.00	\$0.00	\$0.00

Health Net SmartCare HMO	EMPLOYEE ONLY	TWO-PARTY	FAMILY
Total Premium	\$526.73	\$1,053.46	\$1,369.50
District Contribution	\$526.73	\$1,022.00	\$1,328.00
Employee Contribution	\$0.00	\$31.46	\$41.50

UnitedHealthcare	EMPLOYEE ONLY	TWO-PARTY	FAMILY
Total Premium	\$545.71	\$1,091.42	\$1,418.85
District Contribution	\$545.71	\$1,022.00	\$1,328.00
Employee Contribution	\$0.00	\$69.42	\$90.85

2017 Maximum District Contributions	EMPLOYEE ONLY	TWO-PARTY	FAMILY
	\$590.00	\$1,022.00	\$1,328.00