

EL CAMINO COMMUNITY COLLEGE DISTRICT

Fringe Benefits Premium/Employee Contributions

12 MONTH Employees

JANUARY 1, 2018 through DECEMBER 31, 2018

MEDICAL PLANS Monthly Rates

CALPERS ANTHEM BLUE CROSS PPO PLANS

PERSCare (90/10)	EMPLOYEE ONLY	TWO-PARTY	FAMILY
Total Premium	\$673.73	\$1,347.46	\$1,751.70
District Contribution	\$590.00	\$1,022.00	\$1,328.00
Employee Contribution	\$83.73	\$325.46	\$423.70

PERS Choice (80/20)	EMPLOYEE ONLY	TWO-PARTY	FAMILY
Total Premium	\$620.39	\$1,240.78	\$1,613.01
District Contribution	\$590.00	\$1,022.00	\$1,328.00
Employee Contribution	\$30.39	\$218.78	\$285.01

PERS Select (80/20)	EMPLOYEE ONLY	TWO-PARTY	FAMILY
Total Premium	\$573.21	\$1,146.42	\$1,490.35
District Contribution	\$573.21	\$1,022.00	\$1,328.00
Employee Contribution	\$0.00	\$124.42	\$162.35

CALPERS HMO PLANS

Blue Shield Access + HMO	EMPLOYEE ONLY	TWO-PARTY	FAMILY
Total Premium	\$613.29	\$1,226.58	\$1,594.55
District Contribution	\$590.00	\$1,022.00	\$1,328.00
Employee Contribution	\$23.29	\$204.58	\$266.55

Kaiser	EMPLOYEE ONLY	TWO-PARTY	FAMILY
Total Premium	\$642.70	\$1,285.40	\$1,671.02
District Contribution	\$590.00	\$1,022.00	\$1,328.00
Employee Contribution	\$52.70	\$263.40	\$343.02

2018 Maximum District Contributions	EMPLOYEE ONLY	TWO-PARTY	FAMILY
	\$590.00	\$1,022.00	\$1,328.00

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MEDICAL PLANS Monthly Rates

CALPERS HMO PLANS

Anthem HMO Select	EMPLOYEE ONLY	TWO-PARTY	FAMILY
Total Premium	\$660.17	\$1,320.34	\$1,716.44
District Contribution	\$590.00	\$1,022.00	\$1,328.00
Employee Contribution	\$70.17	\$298.34	\$388.44

Anthem HMO Traditional	EMPLOYEE ONLY	TWO-PARTY	FAMILY
Total Premium	\$784.72	\$1,569.44	\$2,040.27
District Contribution	\$590.00	\$1,022.00	\$1,328.00
Employee Contribution	\$194.72	\$547.44	\$712.27

Health Net Salud y Mas HMO	EMPLOYEE ONLY	TWO-PARTY	FAMILY
Total Premium	\$404.32	\$808.64	\$1,051.23
District Contribution	\$404.32	\$808.64	\$1,051.23
Employee Contribution	\$0.00	\$0.00	\$0.00

Health Net SmartCare HMO	EMPLOYEE ONLY	TWO-PARTY	FAMILY
Total Premium	\$577.15	\$1,154.30	\$1,500.59
District Contribution	\$577.15	\$1,022.00	\$1,328.00
Employee Contribution	\$0.00	\$132.30	\$172.59

UnitedHealthcare	EMPLOYEE ONLY	TWO-PARTY	FAMILY
Total Premium	\$602.78	\$1,205.56	\$1,567.23
District Contribution	\$590.00	\$1,022.00	\$1,328.00
Employee Contribution	\$12.78	\$183.56	\$239.23

2018 Maximum District Contributions	EMPLOYEE ONLY	TWO-PARTY	FAMILY
	\$590.00	\$1,022.00	\$1,328.00