

**EL CAMINO COMMUNITY COLLEGE DISTRICT  
TENTHLY (10 MONTHS) FRINGE BENEFITS PREMIUM/EMPLOYEE  
CONTRIBUTIONS  
JANUARY 1, 2009 THROUGH DECEMBER 31, 2009**

**DENTAL PLANS**

<b>DELTA DENTAL PREMIER</b>	<b>EMPLOYEE ONLY</b>	<b>TWO-PARTY</b>	<b>FAMILY</b>
<b>DISTRICT COST</b>	<b>\$83.66</b>	<b>\$142.24</b>	<b>\$168.00</b>
<b>EMPLOYEE COST</b>	<b>\$0.00</b>	<b>\$25.10</b>	<b>\$36.14</b>
<b>TOTAL PREMIUM</b>	<b>\$83.66</b>	<b>\$167.34</b>	<b>\$204.14</b>

<b>DELTA CARE (PMI)</b>	<b>EMPLOYEE ONLY</b>	<b>TWO-PARTY</b>	<b>FAMILY</b>
<b>DISTRICT COST</b>	<b>\$23.06</b>	<b>\$38.05</b>	<b>\$56.16</b>
<b>EMPLOYEE COST</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>TOTAL PREMIUM</b>	<b>\$23.06</b>	<b>\$38.05</b>	<b>\$56.16</b>

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

**VISION PLAN**

<b>VISION SERVICE PLAN</b>	<b>EMPLOYEE ONLY</b>	<b>TWO-PARTY</b>	<b>FAMILY</b>
<b>DISTRICT COST</b>	<b>\$9.71</b>	<b>\$16.73</b>	<b>\$22.54</b>
<b>EMPLOYEE COST</b>	<b>\$0.00</b>	<b>\$3.00</b>	<b>\$5.50</b>
<b>TOTAL PREMIUM</b>	<b>\$9.71</b>	<b>\$19.73</b>	<b>\$28.04</b>

