

**EL CAMINO COMMUNITY COLLEGE DISTRICT
TENTHLY (10 MONTHS) FRINGE BENEFITS PREMIUM/EMPLOYEE
CONTRIBUTIONS
JANUARY 1, 2015 THROUGH DECEMBER 31, 2015**

DENTAL PLANS

DELTA DENTAL PREMIER	EMPLOYEE ONLY	TWO-PARTY	FAMILY
TOTAL PREMIUM	\$91.36	\$182.75	\$222.94
DISTRICT COST	\$91.36	\$155.33	\$183.46
EMPLOYEE COST	\$0.00	\$27.42	\$39.48

DELTA CARE (PMI)	EMPLOYEE ONLY	TWO-PARTY	FAMILY
TOTAL PREMIUM	\$25.21	\$41.62	\$61.40
DISTRICT COST	\$25.21	\$41.62	\$61.40
EMPLOYEE COST	\$0.00	\$0.00	\$0.00

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

VISION PLAN

VISION SERVICE PLAN	EMPLOYEE ONLY	TWO-PARTY	FAMILY
TOTAL PREMIUM	\$11.56	\$23.48	\$33.34
DISTRICT COST	\$11.56	\$19.90	\$26.81
EMPLOYEE COST	\$0.00	\$3.59	\$6.53

EMPLOYEE HEALTH INSURANCE 2015