

**EL CAMINO COMMUNITY COLLEGE DISTRICT
TENTHLY (10 MONTHS) FRINGE BENEFITS PREMIUM/EMPLOYEE
CONTRIBUTIONS
JANUARY 1, 2017 THROUGH DECEMBER 31, 2017**

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 | \$3.58 | \$6.53 |

EMPLOYEE HEALTH INSURANCE 2017