

EL CAMINO COMMUNITY COLLEGE DISTRICT

Fringe Benefits Premium/Employee Contributions

10 MONTH Employees

JANUARY 1, 2018 through DECEMBER 31, 2018

MEDICAL PLANS Tenthly Rates

CALPERS ANTHEM BLUE CROSS PPO PLANS

PERSCare (90/10)	EMPLOYEE ONLY	TWO-PARTY	FAMILY
Total Premium	\$808.48	\$1,616.95	\$2,102.04
District Contribution	\$708.00	\$1,226.40	\$1,593.60
Employee Contribution	\$100.48	\$390.55	\$508.44

PERS Choice (80/20)	EMPLOYEE ONLY	TWO-PARTY	FAMILY
Total Premium	\$744.47	\$1,488.94	\$1,935.61
District Contribution	\$708.00	\$1,226.40	\$1,593.60
Employee Contribution	\$36.47	\$262.54	\$342.01

PERS Select (80/20)	EMPLOYEE ONLY	TWO-PARTY	FAMILY
Total Premium	\$687.85	\$1,375.70	\$1,788.42
District Contribution	\$708.00	\$1,226.40	\$1,593.60
Employee Contribution	\$0.00	\$149.30	\$194.82

CALPERS HMO PLANS

Blue Shield Access + HMO	EMPLOYEE ONLY	TWO-PARTY	FAMILY
Total Premium	\$735.95	\$1,471.90	\$1,913.46
District Contribution	\$708.00	\$1,226.40	\$1,593.60
Employee Contribution	\$27.95	\$245.50	\$319.86

Kaiser	EMPLOYEE ONLY	TWO-PARTY	FAMILY
Total Premium	\$771.24	\$1,542.48	\$2,005.22
District Contribution	\$708.00	\$1,226.40	\$1,593.60
Employee Contribution	\$63.24	\$316.08	\$411.62

2018 Maximum District Contributions	EMPLOYEE ONLY	TWO-PARTY	FAMILY
	\$708.00	\$1,226.40	\$1,593.60

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MEDICAL PLANS Tenthly Rates

CALPERS HMO PLANS

Anthem HMO Select	EMPLOYEE ONLY	TWO-PARTY	FAMILY
Total Premium	\$792.20	\$1,584.41	\$2,059.73
District Contribution	\$708.00	\$1,226.40	\$1,593.60
Employee Contribution	\$84.20	\$358.01	\$466.13

Anthem HMO Traditional	EMPLOYEE ONLY	TWO-PARTY	FAMILY
Total Premium	\$941.66	\$1,883.33	\$2,448.32
District Contribution	\$708.00	\$1,226.40	\$1,593.60
Employee Contribution	\$233.66	\$656.93	\$854.72

Health Net Salud y Mas HMO	EMPLOYEE ONLY	TWO-PARTY	FAMILY
Total Premium	\$485.18	\$970.37	\$1,261.48
District Contribution	\$485.18	\$970.37	\$1,261.48
Employee Contribution	\$0.00	\$0.00	\$0.00

Health Net SmartCare HMO	EMPLOYEE ONLY	TWO-PARTY	FAMILY
Total Premium	\$692.58	\$1,385.16	\$1,800.71
District Contribution	\$708.00	\$1,226.40	\$1,593.60
Employee Contribution	\$0.00	\$158.76	\$207.11

UnitedHealthcare	EMPLOYEE ONLY	TWO-PARTY	FAMILY
Total Premium	\$723.34	\$1,446.67	\$1,880.68
District Contribution	\$708.00	\$1,226.40	\$1,593.60
Employee Contribution	\$15.34	\$220.27	\$287.08

2018 Maximum District Contributions	EMPLOYEE ONLY	TWO-PARTY	FAMILY
	\$708.00	\$1,226.40	\$1,593.60