

**EL CAMINO COMMUNITY COLLEGE
MONTHLY (12 MONTHS) FRINGE BENEFITS PREMIUM/EMPLOYEE
CONTRIBUTIONS
JANUARY 1, 2008 THROUGH DECEMBER 31, 2008**

DENTAL PLANS

DELTA DENTAL PREMIER	EMPLOYEE ONLY	TWO-PARTY	FAMILY
DISTRICT COST	\$69.72	\$118.53	\$140.00
EMPLOYEE COST	\$0.00	\$20.92	\$30.12
TOTAL PREMIUM	\$69.72	\$139.45	\$170.12

DELTA CARE (PMI)	EMPLOYEE ONLY	TWO-PARTY	FAMILY
DISTRICT COST	\$18.57	\$30.66	\$45.22
EMPLOYEE COST	\$0.00	\$0.00	\$0.00
TOTAL PREMIUM	\$18.57	\$30.66	\$45.22

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

VISION PLAN

VISION SERVICE PLAN	EMPLOYEE ONLY	TWO-PARTY	FAMILY
DISTRICT COST	\$7.67	\$13.23	\$17.82
EMPLOYEE COST	\$0.00	\$2.38	\$4.35
TOTAL PREMIUM	\$7.67	\$15.61	\$22.17