

EL CAMINO COMMUNITY COLLEGE  
Fringe Benefits Premium/Employee Contributions

**10 MONTH Employees**  
JANUARY 1, 2009 through DECEMBER 31, 2009

**MEDICAL PLANS Monthly Rates**

CALPERS BLUE CROSS PPO PLANS

<b>PERS CARE (90/10)</b>	<b>EMPLOYEE ONLY</b>	<b>TWO-PARTY</b>	<b>FAMILY</b>
District Cost	\$837.44	\$1,423.66	\$1,775.38
Employee Cost	0.00	\$251.23	\$401.98
<b>Total Premium</b>	<b>\$837.44</b>	<b>\$1,674.89</b>	<b>\$2,177.35</b>

<b>PERS CHOICE (80/20)</b>	<b>EMPLOYEE ONLY</b>	<b>TWO-PARTY</b>	<b>FAMILY</b>
District Cost	\$538.85	\$916.04	\$1,142.35
Employee Cost	0.00	\$161.65	\$258.65
<b>Total Premium</b>	<b>\$538.85</b>	<b>\$1,077.70</b>	<b>\$1,401.00</b>

<b>PERS SELECT (80/20)</b>	<b>EMPLOYEE ONLY</b>	<b>TWO-PARTY</b>	<b>FAMILY</b>
District Cost	\$506.10	\$860.36	\$1,072.93
Employee Cost	0.00	\$151.84	\$242.93
<b>Total Premium</b>	<b>\$506.10</b>	<b>\$1,012.20</b>	<b>\$1,315.86</b>

CALPERS HMO PLANS

The District pays CALPERS HMO Plan premiums. There are no employee contributions.

	<b>EMPLOYEE ONLY</b>	<b>TWO-PARTY</b>	<b>FAMILY</b>
<b>BLUE SHIELD ACCESS + HMO</b>	\$494.82	\$989.64	\$1,286.53
<b>BLUE SHIELD – NET VALUE HMO</b>	\$437.39	\$874.78	\$1,137.20
<b>KAISER</b>	\$465.62	\$931.25	\$1,210.62

**EMPLOYEE HEALTH INSURANCE 2009**

*Dental and Vision premiums are subject to change in 2009.*

